



Authorization to Release Form

Dear Parents/Guardians

Throughout the year parents from our school contact us requesting their child's class list for car pooling purposes, to call and invite friends to come for a play date or to send invitations for a birthday party. In order for us to give out your information we need your permission.

Sometimes when we are on fieldtrips, when we perform a show or when we do something special, we may be photographed by the local media. If this happens your child's photo may be in the newspaper or on TV but there will not be a name assigned to the picture, just reference to our school. We need your permission for this to happen. You can be sure that your child's name and personal information will not be given out to anyone not connected with Lilliput.

Your Child's Name: _____

PLEASE CIRCLE YOUR RESPONSE TO 1-4:

1. On the class list handout, the following information may be given out:

Name	Address	Phone	None of these
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2. My child may be photographed by the local media:	Yes	No
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3. My child may be filmed by the local cable station for educational purposes:	Yes	No
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4. When my child's class has a performance it may be filmed by Lilliput staff to be aired on the local cable station:	Yes	No
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1st year Parent Signature: _____ Date: _____

2nd year Parent Signature: _____ Date: _____

3rd year Parent Signature: _____ Date: _____

4th year Parent Signature _____ Date: _____