**MEDIA RELEASE FORM**

**DIVISION OF COMMUNITY ENGAGEMENT YOUTH PROGRAMS**

I hereby give permission to have pictures or information publicly displayed for the sole purpose of promoting VCU and the [Name] program. I understand that private and confidential information will not be used. Information which promotes the program only will be used. I understand that I have the right to review the information before it is displayed. I can revoke this right and consent at any time in writing.

[ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
|  |  |   |
| Child’s Name |  | Parent/Guardian Printed Name |
|  |  |  |
|  |  |  |
| Parent/Guardian Signature |  | Date |