



# Marin County Office of Education

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Marin County  
Superintendent of Schools

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## Parents/Guardians consent and authorization for Media use for Student of the Week Program

I, \_\_\_\_\_ the undersigned, consent to and authorize the taking and use of photographs and media interviews of me (as student) or of my son, daughter or ward (as parent or guardian) for inclusion in the Marin County Student of the Week program. I understand the photos will be published in the Marin Independent Journal.

Student Name: \_\_\_\_\_

Program/Class: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_