



educational service center
of Central Ohio

Student Photo/Video Release Form

We request permission for your child, _____, to have their picture taken or to be videotaped by ESC of Central Ohio staff during the 2025-2026 school year. If permission is granted, a photograph or video recording of your child may be used in publications and promotional pieces for print and electronic media.

_____ Yes, I give my permission.

_____ No, I do not give my permission.

Teacher's Name: _____

School: _____

Parent/Guardian Signature: _____

Date: _____