



San Benito Schools – A Consolidated Independent School District

Communications Department / KSBG TV

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PHOTO / VIDEO RELEASE FORM

TO: San Benito Consolidated Independent School District

FROM: _____ *Name of Parent/Legal Guardian*

_____ *Address*

_____ *City/Zip*

_____ *Phone*

DATE: _____

I hereby grant the San Benito CISD permission to use photo(s) and/or video recording of my child

_____ *(Student's Name and ID number)*

who attends _____ *(Campus)*

to be used in San Benito CISD publications such as newsletters, fact sheets, social media, web pages and district information brochures, school yearbooks, or in the school district's video productions.

Date

Signature of Parent/Legal Guardian

Signature of Principal or Teacher