

Student Testimonial Permission Slip

Dear Parent/Guardian,

We would like your permission to use your student's testimonial, along with their name and/or photo, in school publications such as newsletters, brochures, social media, and the website.

Student Name:

Grade/Class:

Parent/Guardian Name:

Permission

I grant permission for my child's testimonial, name, and/or photograph to be used by the school for promotional or informational purposes.

☐ Yes ☐ No

Parent/Guardian Signature:

Date:
