



# Pacific Charter Institute

## Media Release Agreement

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

I give permission for Pacific Charter Institute and its programs to use photographs and recordings of my child taken at school organized activities or in school-related projects for its social media, website, and print materials.

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Name of Student's PCI Teacher: \_\_\_\_\_