



Student Likeness Release Form

If you have no objections to the use of pictures of your child(ren) being used by Akiva School in printed and/or video format to promote Akiva School to the public, please sign, date below, and return this form to the Akiva School office.

As parent/guardian of:

_____ name(s) of student

I hereby grant permission for likenesses of my child(ren) to be used by Akiva School in printed matter or video tape presentations on behalf of Akiva School.

_____ Signature of parent/guardian

_____ Date