

Parental Permission Form  
Posting of Personally Identifiable Information

I am the parent / legal guardian of:

\_\_\_\_\_ (first and last name of child),  
who will submit personal information to Posen Consolidated School  
District # 9 and/or will participate in one of Posen Consolidated School  
District # 9's activities. Therefore, I am giving Posen Consolidated  
School District # 9 permission to use:

- \_\_\_\_\_ A photograph of my child
- \_\_\_\_\_ A photograph taken by my child
- \_\_\_\_\_ An original creation written/developed by my child
- \_\_\_\_\_ A news story about my child
- \_\_\_\_\_ An original piece of artwork created by my child

By signing below I give permission for Posen Consolidated School  
District # 9 to post the materials check above in the Newspaper as well  
as on the Web Site.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number