

EXHIBIT

IFA(5)

INSTRUCTIONAL PROGRAM STUDENT WEBSITE/MEDIA AUTHORIZATION

APRIL 30, 2008

Student Name _____

Year of Graduation _____

Dear Parents or Legal Guardians:

Livonia Public Schools is continually using all media available to showcase the educational opportunities available to students.

Therefore, we/I, _____ as the parent(s) or legal
(Print First and Last Name)

guardian(s) of _____ hereby authorize and permit the use
(Print Student's Name)
of media, such as district publications, cable, web, etc., to distribute individual or student images (visual/audio). When publication is on the Internet, **identification will be by first name only.**

We/I authorize such disclosure for purposes of providing information regarding the Livonia Public Schools' programs or activities, unless specified below.

Check any exclusion that applies:

- Student's first name (Last names not used on the Internet)
- Student's work
- Student's image as an individual
- Student's image as part of a group
- Other: _____

Signature Parent/Guardian

Print Name

Date

Please retain a copy for your records. Please contact your student's school office if you wish to make changes.