

****After reading the attached policies, please complete the applicable areas below****

RESPONSIBLE USE POLICY (RUP)

STUDENT AND PARENT/GUARDIAN (P/G)	EMPLOYEE OR VOLUNTEER (E/V)
Print Student Name:	Print E/V Name:
Student Signature:	Job Title:
Grade: Year of Graduation:	Building:
Building: PHS <input type="checkbox"/> PMS <input type="checkbox"/> NF <input type="checkbox"/> DO <input type="checkbox"/> LH <input type="checkbox"/> RJLA <input type="checkbox"/>	PHS <input type="checkbox"/> PMS <input type="checkbox"/> NF <input type="checkbox"/> DO <input type="checkbox"/> LH <input type="checkbox"/> RJLA <input type="checkbox"/> ALL <input type="checkbox"/>
Print P/G Name:	
P/G Signature: Date:	E/V Signature: Date:

NOTE: This agreement will be in effect for as long as the student, employee or volunteer attends, is employed or volunteers at the Portsmouth School Department and may be revoked at any time by the parent/guardian or administration.

PERMISSION TO PUBLISH OPT OUT FORM (PTP)

I **DO NOT** grant the Portsmouth School Department permission to post pictures or videos of myself (employee/volunteer), my son/daughter or a sample of my own or his/her work such as a poem, story, artwork, etc. on the school department's website.

Please check below to indicate that you **DO NOT** grant permission to publish and then sign and date as indicated:

The Portsmouth School Department **DOES NOT** have permission to post samples of myself (employee/volunteer) or my son/daughter's **schoolwork, pictures or videos** on its website.

STUDENT AND PARENT/GUARDIAN (P/G)	EMPLOYEE OR VOLUNTEER (E/V)
Print Student Name:	Print E/V Name:
Student Signature:	Job Title:
Grade: Year of Graduation:	Building:
Building: PHS <input type="checkbox"/> PMS <input type="checkbox"/> NF <input type="checkbox"/> DO <input type="checkbox"/> LH <input type="checkbox"/> RJLA <input type="checkbox"/>	PHS <input type="checkbox"/> PMS <input type="checkbox"/> NF <input type="checkbox"/> DO <input type="checkbox"/> LH <input type="checkbox"/> RJLA <input type="checkbox"/> ALL <input type="checkbox"/>
Print P/G Name:	
P/G Signature: Date:	E/V Signature: Date:

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