

**EXHIBIT F**

RELEASE FORM FOR THE ELECTRONIC DISPLAY OF PERSONAL INFORMATION

I, \_\_\_\_\_, give my permission for certain personally identifiable information about my child or a photograph of my child to be electronically displayed and produced by the District. The information or photo to be displayed is:

---

---

Signature of student's parent \_\_\_\_\_

Home address \_\_\_\_\_

Date \_\_\_\_\_ Home phone number \_\_\_\_\_