



## **PUBLIC IDENTIFICATION AS STUDENT IN SPECIAL EDUCATION RELEASE FORM**

I give my permission for my child to be interviewed, recorded, filmed and/or photographed by Bellingham Public Schools and/or \_\_\_\_\_  
[insert name of news media outlet or organization] regarding my \_\_\_\_\_ involvement in  
\_\_\_\_\_ [staff to insert reason for the release.]

I understand that this may identify my child as receiving services