



HEB ISD - PR & Marketing Department
1849 Central Drive
Bedford, TX 76022
phone: 817.399.2025

Parent & Student Consent Form For Publishing Name and Photo

I, (student name) _____ a student at
(school name) _____ grant permission for my
photo and name to be published by HEB ISD in conjunction with HEB ISD programs.

Student Signature: _____ *Date:* _____

I certify that I am the parent or legal guardian of this student, and that I grant permission for this
student's photo and name to be published by HEB ISD in conjunction with HEB ISD programs.

Parent or Guardian Signature: _____ *Date:* _____

Address: _____

Telephone/email: _____

For receiving HEB ISD staff member

Name/School/Office: _____ Date Received: _____

Copy sent to PR & Marketing Dept: yes ____ / no ____