



**Waiver
Parental Permission for Release of Information to the News Media**

I, the parent/guardian of _____, hereby authorize officials of Gwinnett County Public Schools to release information about my child to permit school officials to respond to media inquiries involving my child. I further permit news media representatives to release this information to the public.

**GWINNETT COUNTY
BOARD OF EDUCATION**

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**THE MISSION OF
GWINNETT COUNTY
PUBLIC SCHOOLS**

*is to pursue excellence
in academic knowledge,
skills, and behavior
for each student,
resulting in measured
improvement against
local, national, and
world-class standards.*

437 Old Peachtree Road, NW
Suwanee, GA 30024-2978
678-301-6000
www.gwinnett.k12.ga.us

It is the policy of Gwinnett County Public Schools not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity, or service.

Signature of Parent/Guardian	Date
Address	School
City	State
	Zip

Principals and news media please forward a copy of the signed waiver form to the Department of Communication and Media Relations
437 Old Peachtree Road, NW, Suwanee, GA 30024-2978
FAX 678-301-6030