

THE RIGHT TURN

115 E. Sioux Ave. • Pierre, SD 57501 • (605) 773-4755 • www.TheRightTurn.org

Student Name: _____

Maiden and former names or aka: _____

Mailing address: _____ City: _____

Phone number: _____ Email address: _____

STUDENT RECORDS RELEASE OF INFORMATION

I, _____, give permission to Right Turn to obtain and release information regarding my student records upon request to/from:

State of South Dakota Division of Child Care Services Licensing Specialist (DSS licensing)

ECE offices (allows for Early Childhood Enrichment offices to communicate between each other)

The South Dakota ECE offices include The Right Turn, Inc., Pierre; Early Childhood Connections, Rapid City; Sanford Children's CHILD Services, Aberdeen; Family Resource Network, Brookings; and Sanford Children's CHILD Services, Sioux Falls

My employer:

Name: _____

Mailing address: _____

Phone number: _____ Email address: _____

Other:

Name: _____

Mailing address: _____

Phone number: _____ Email address: _____

I understand that I have the right to revoke this authorization in writing at any time and that the information may be released orally or in the form of copies of written or electronic records, as preferred by the requester.

Student Signature

Date

PHOTO CONSENT & MEDIA RELEASE

I, _____, hereby grant permission to The Right Turn, Inc., its representatives and employees, the right to take photographs and/or video recordings of me and my property. I authorize The Right Turn, Inc., its assigns and transferees, to copyright, use, and publish the same in print and/or electronic format. I agree that The Right Turn, Inc. may use my likeness and/or voice recordings with or without my name and for any lawful purpose including but not limited to publicity, illustration, advertising, internet content, and/or social media.

Student Signature

Date