



## Granville Academy Northern Virginia

### ***Media Release Form***

I, \_\_\_\_\_ hereby give permission to the Granville Academy Northern Virginia to release my name to representatives of the media, to include, radio, newspapers, and television, for the purposes of being interviewed regarding the Granville Academy program.

With this form, I also agree to allow quotes and or/ images of myself and/or my minor children to be used by the media in reporting on programs and activities sponsored by Granville Academy Northern Virginia, Granville Academy National, and all associated affiliates.

Please Print:

Adult Name \_\_\_\_\_

Children's Name \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**I do not give the Granville Academy permission to release my name or the names of my minor children to representatives of the media.**

**Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_**