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**SUPERINTENDENT OF SCHOOLS**

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**An 'A-rated' District**

*Mission Statement: We are committed to the success of every student!*

District Office  
620 East University Avenue  
Gainesville, Florida  
32601-5498

www.sbac.edu  
(352) 955-7300

## Consent and Release Form Authorization to Photograph or Record Student

I, Lunese Boco, the undersigned parent, guardian, or legal  
custodian of

Caleb Young Jr, a minor child, who is presently a student  
in the school district of Alachua County, Florida, hereby grant the School  
Board of Alachua County, its officers, employees and approved media  
representatives permission for my child to be photographed and/or recorded in  
connection with any and all school activities. I understand the photographs  
and/or media productions may be used for purposes including but not limited to  
public service announcements, school publicity, and other programs shown to  
the general public.

I understand that my execution of this Authorization serves as a waiver of  
privacy rights otherwise available pursuant to the Section 1002.22, Florida  
Statutes, and other applicable law, for the purposes herein expressed.

*Signature of parent/guardian/custodian*

7/21/23

*Date*