

**Kimball Elementary School**  
Independent School District #739

P. O. Box 368

Kimball, MN 55353

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To: Parent(s) / Guardian(s)

From: James Houseman, Elementary Principal

Subject: **Do Not Publish**

Please fill out the information listed below if you **do not** want your child's picture to appear in any publication including local newspapers, yearbooks and websites. Have your child return this form to the elementary office.

I do **NOT** want my student's picture released to local newspapers, websites, or other publications.

Student Name (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to:  
Kimball Elementary School Office  
No later than September 15th