

**BALLSTON SPA CENTRAL SCHOOL DISTRICT**  
**70 Malta Avenue**  
**Ballston Spa, NY 12020**  
**(518) 884-7195**

**Web Publication Release**

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Instance Reference: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

or

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to: \_\_\_\_\_

(This form will be kept in the student's school file and/or with the appropriate office.)