## *Insert name of school here or place on letterhead*

Consent and Release Form for the Use of

Student Photograph(s), Video, Work, and Sound Recordings

Throughout the year, there will be numerous occasions when we will be contacting local media outlets (newspapers, television stations, radio stations, Internet sites) in the hope of getting coverage for diocesan and school events. We also hope to use some of the photographs, video images, sound recordings and work of our students for our own use or use by the secular media.

CONSENT AND RELEASE

Please complete the following form and return it to the providing school no later than .

I , the parent/guardian, give

(Please print your name) (Circle one)

 permission to use:

 (School’s Name)

 My child’s photograph, video image, sound recording, and/or work for use by representatives from the school, the Department of Catholic Schools, WNY Catholic media and/or secular media.

 My child’s name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print the names of all students attending our school:

Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_

Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_

Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_

Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_

Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_

Parent or Guardian Signature Date

I understand that I may revoke this permission at any time by contacting the principal of the school.