



CONSENT AND RELEASE

Please complete the following form and return it to the providing institution no later than 9/11/13.

I _____, the parent/guardian give
 (Please print your name) (Circle one)

St. Christopher School permission to use my child's photograph, video image, sound recording, and/or work for:

Please check any and all you give approval for

- School photos and displays
- Newspaper articles
- Television coverage
- Radio coverage
- Inclusion in a website
- Facebook, Twitter or other social networking sites
- YouTube or other online video communities
- Brochures
- Diocesan and/or school reports

Release of Name:

Catholic Elementary School Students (check one):

- I do give permission for the use of my child's last name and names of other family members.
- I do not give permission for the use of my child's last name and names of other family members.

Please print

Student's name _____ Grade: _____ Homeroom: _____

Student's name _____ Grade: _____ Homeroom: _____

Student's name _____ Grade: _____ Homeroom: _____

 Parent or Guardian signature Date