

Diocese of Covington

Department of Catholic Schools



Photo, Video, Website Release Form

PLEASE PRINT

Student Name:

School:

Home Address:

Home Phone:

Parent/Guardian:

St. Catherine of Siena

I, _____, parent or guardian of _____, do hereby give and grant to St. Catherine of Siena School permission to use my child's name, photograph, and/or videotaped image in publications, video productions, and/or school Internet website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

Signature of Parent or Guardian: _____

Date: _____

Witness: _____

Date: _____