



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: \_\_\_\_\_