



Diocese of Covington
Department of Catholic Schools
2009-2010 School Year

Photo, Video, Website Release Form

PLEASE PRINT

Student Name: _____

School: _____

Home Address: _____

Home Phone: _____

Parent/Guardian: _____

I, _____, parent or guardian of
_____, do hereby give and grant to
_____ 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: _____