

Release of Information Photography & Video Consent Form

I, (parent/legal guardian) _____ ,
(please type or print name)

hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by

(please type or print school's name)
parish/school and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of

(please enter school name and/or promotional event/function)
parish/school and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

I give permission to have my/my child(ren)(s) address and phone number published in the school directory.

Please Print Clearly

Name of
Parent/ Legal Guardian: _____

Name of Child: _____

Telephone: home: () - alt: () - _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature of Parent/ Legal Guardian: _____

Date Signed: _____

Notes: