

Photo, Video, Website Release

Name of Student (Please Print): _____ **Grade:** _____

Name of Student (Please Print): _____ **Grade:** _____

Name of Student (Please Print): _____ **Grade:** _____

Name of Student (Please Print): _____ **Grade:** _____

Home Address: _____

Home Telephone Number: _____

Parent/Guardian: _____

I, _____, parent or guardian of
_____, do hereby give and grant to
St. Catherine of Alexandria Academy permission to use my child's(ren'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:** _____