

St. Eugene Catholic School
Photo/Video Release Form 2010-2011

FAMILY NAME _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Parent/Guardian _____

Address _____ Phone _____

City & State _____ Zip _____

I, _____, parent/guardian of the above-named student/s, hereby give and grant St. Eugene Catholic School permission to use and publish/air a photograph/videotape of my child in any parish, archdiocesan, community, or school publication, including the yearbook, bulletin boards, and parish website. I further certify that I am of full legal capacity to execute this authorization and release.

Parent/Guardian

Date