

Personal Information and Photo Release Form

Privacy concerns make it necessary for the school to have your permission to release your name, address, phone number, and photo. This information is contained in the School Directory and or Website.

Please indicate with your signature that you release this information for use in the school program.

Student Name

Date/Grade

I, _____, consent to the release of my family members' Please Print

names, address, phone number, and photo in the school directory, website or other promotional material (such as school marketing DVD, etc.). I understand that this information is intended for use only for purposes related to the school.

Signature of Parent or Guardian

Date

If you (<u>**Do Not**</u>) consent to the above, please sign below.

Signature of Parent or Guardian

Date