

**Diocese of Charlotte Catholic Schools**

**PHOTO/VIDEO RELEASE FORM  
2010 – 2011**

***(New Form Must be Completed & Signed Each Year)***

As the parent/ guardian of the student(s) listed below, I give my permission for \_\_\_\_\_ School to use photographs or video footage taken by authorized school personnel, designee or representative in which my child/children appears, for school related purposes. I understand that the photos or videos may be published for publicity or advertising in all forms of media, including the Internet.

**(Please print the names of all your children in this school, for whom permission is granted.**

**Names might appear in publication.)**

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date