



Photo, Video, Website Release

Please Print
Student Name(s):

School: St. Stephen Martyr

Home Address:

Home Telephone Number:

Parent/Guardian:

I, _____, parent or guardian of _____, do hereby give and grant to St. Stephen Martyr permission to use my child's name, photograph, and/or video 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: _____