

Office of Catholic Schools
Diocese of Victoria in Texas
Photo/Videotape Release Form
for Students/Parents/Guardians

Throughout the school year, there may be times when the Catholic Schools staff, the media, or other organizations, with the approval of the school principal, may take photographs of *students, parents, guardians, audiotape/videotape students, parents, guardians, or interview students/parents/guardians* for school-related stories in a way that would individually identify a specific *student/parent/guardian*. Those photographs and/or audio/videotaped images or interviews may appear in school/diocesan publications; in school/diocesan video productions; on the school/diocese Web site; in the news media; or in other nonprofit, education-related organizations' publications. Please complete this form, and return it to _____ . (name of school)

I hereby **grant** unto *my child's school and/or to the Office of Catholic Schools(OCS)* for the Diocese of Victoria in Texas permission to use *my child's/my photograph* and/or videotaped image for the purposes mentioned above. I understand and agree that *my child's school/this school/OCS* may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal/OCS in writing. I further grant unto *my child's school/OCS* permission to allow *my child/me* to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

I understand that there will be no financial or other remuneration for recording *me/my child*, photographing *me/my child* either for initial or subsequent use, transmission or playback.

I hereby **DO NOT** grant unto my child's school *and/or to the Office of Catholic Schools(OCS)* for the Diocese of Victoria in Texas permission to use *my child's photograph/my photograph* and/or videotaped image for the purposes mentioned above.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Student's Name*: _____

Grade _____

School: _____

Parent's/Guardian's Name: _____

Address: _____

City/State: _____ **Telephone Number:** _____

Parent's/Guardian's Signature*: _____ **Date:** _____

*If you have additional children at this school, you may use ONE form for each child or include the other children's names and grades below.

Additional children and their grade(s) _____