



**RELEASE FORM
FOR PUBLIC USE OF STUDENT NAME AND/OR PICTURE
ST. ELIZABETH SCHOOL**

STUDENT NAME (please print): _____

PARENT/GUARDIAN NAME: (please print): _____

The purpose of this form is to indicate my preference for permissions regarding the use of my child's name and/or picture by St. Elizabeth School for the educational, informational, and fundraising purposes described below. Please indicate which permissions you are granting by selecting the boxes below. You may check all that apply.

- Yearbook Only:** I grant permission for my child's name and/or picture to be included in the annual SES yearbook.
- Internal Media:** I grant permission for my child's name and/or picture to be featured on school bulletin boards, hallway collages, front lobby TV screen, and any other media that will be shown only within the St. Elizabeth School building.
- School Website:** I grant permission for St. Elizabeth School to use my child's name and/or picture on the school's official website for educational, informational, and fundraising purposes. This may include displaying my child's picture on the school's homepage, news articles, photo galleries, or other relevant sections of the website.
- School Media:** I grant permission to St. Elizabeth School to use my child's name and/or picture on the school's official social media accounts, such as Facebook, Twitter, Instagram, etc., for educational, informational, and fundraising purposes. This may include sharing photos, videos or other content featuring my child on the school's social media posts or stories.
- Printed Materials:** I grant permission for St. Elizabeth School to use my child's name and picture in printed materials, brochures, flyers, posters, newsletters, or other promotional materials created by the school for public distribution.
- Local Media:** I grant permission for St. Elizabeth School to share my child's name and/or picture with local media outlets, such as newspapers, television stations, or radio stations for new coverage of school-related events or activities.
- No permission granted:** I do not grant St.Elizabeth School permission to use my child's name and/or picture for the above-stated purposes.

I understand that by selecting the options above, I agree with the stated terms and that my child's name and/or picture may be used accordingly. For students over the age of 18, both the parent/guardian and the student must sign. I understand that St. Elizabeth School will make every reasonable effort to ensure that my child's name and picture are used in a responsible and appropriate manner. However, I also acknowledge that once my child's name and picture are published on the internet or in other media, it may be accessible to a wide audience beyond the control of the school. I further understand that my child's participation in these public uses of their name and picture is voluntary, and I have the right to refuse or revoke my permission at any time by notifying the school in writing. I also understand that this permission is valid through the duration of my child's SES career unless revoked in writing.

- A. I confirm that I have read and understand the purpose of this form and hereby grant St. Elizabeth School permission to use my child's name and/or picture for the above-stated purposes.

Parent/Guardian Signature: _____ Date: _____

Student's Signature (if over 18) : _____ Date: _____