



ST. ELIZABETH SCHOOL
Helping Students with Special Needs Go the Distance

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

*Note to Parents/Guardians: Please sign either **option A or B** below. For students over the age of 18, we must have signatures of both the parent/guardian and the student him/herself. Please return this form immediately. Thank you.*

A. I **grant** St. Elizabeth School **permission** to use my child's name and/or likeness (such as photographs, videotapes, audiotapes, slides, etc.) in current or future publications such as the SES newsletter, the school yearbook, the SES website, social media networks (e.g., Facebook), broadcasts, presentations, or other public media outside the School. The use of my child's name or likeness is solely to promote SES for educational, public relations, or fundraising purposes of the School, its affiliations, and the individuals it serves. I understand I may revoke this permission at any time by written request to the Principal.

STUDENT NAME (please print) _____

PARENT/GUARDIAN NAME (please print) _____

(parent/guardian signature) DATE _____

(if student is over 18) _____
(student signature) DATE _____

OR

B. I **do not grant** St. Elizabeth School permission to use my child's name and/or likeness (such as photographs, videotapes, audiotapes, or slides) in publications such as the SES newsletter, the school yearbook, the SES website, social media networks e.g., Facebook), broadcasts, presentations, or other public media outside the school.

STUDENT NAME (please print) _____

PARENT/GUARDIAN NAME (please print) _____

(signature) DATE _____

(If student is over 18) _____
(student signature) DATE _____