

**Catholic Academy of Niagara Falls
1055 North Military Road
Niagara Falls, NY 14304**

***Consent and Release Form for the Use of
Student Photograph(s), Video, Work and Sound Recordings***

Throughout the year, there will be numerous occasions when we will be contacting local media outlets (newspapers, television stations, radio stations, Internet sites) in the hope of getting coverage for diocesan and school events. We also hope to use some of the photographs, video images, sound recordings and work of our students for our own use or use by the secular media.

CONSENT AND RELEASE

Please complete the following form and return it to the providing school no later than Wednesday, September 20th.

I _____ the parent/guardian, give
(Please print your name) (circle one)

Catholic Academy of Niagara Falls permission to use: (Please check the following)

_____ My child's photograph, video image, sound recording, and/or work for use by representatives from the school, Department of Catholic Schools, WNY Catholic media and/or secular media.

_____ My child's name.

Student's name _____ Grade _____

Student's name _____ Grade _____

Student's name _____ Grade _____

Student's name _____ Grade _____

I understand that I may revoke this permission slip at any time by contacting the Principal of the school.