

FAMILY NAME: _____

**Release for Electronic
Student Work/Photograph/Video**



Dear Parent/Guardian,

There are numerous occasions when teachers/staff members of St. Martin of Tours Academy would like to include student work, photographs, and videos in a variety of presentations or publications. In order to share photographs or videos of your child's work, please check the box next to each item for which you are granting your permission. Sign the form below and return it to the school office. If you would like to make a change, please let us know in writing.

Jennifer Miller, Principal

I give permission to use Digital Photos/Videos/Student Work

- _____ for distribution to classmates / yearbook / in a presentation to school
- _____ school fundraising / advancement & development / community groups
- _____ school publicity via social media: Facebook / Instagram / Twitter (no last name)
- _____ on school website (no last name)

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

I hereby give the above permission and release St. Martin of Tours Academy from any liability resulting from or connected with the publication of such photographs/videos/work. I understand that all photography/videotaping will be related to classroom and/or school programs, activities and other school functions. I understand this authorization is valid as long as my child(ren) attends St. Martin of Tours Academy.

Parent Signature _____ Date _____