

The School of The Immaculate Conception
Photo/Video Release Form
2009-2010 School Year

TO WHOM IT MAY CONCERN:

I hereby give permission for my son/daughter

_____ Homeroom_____

to be photographed or videotaped at The School of the Immaculate Conception.

I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational or informational purposes regarding the programs or curriculum at The School of The Immaculate Conception.

Signed _____

Name_____

Date _____

OR

I **do not** give permission for my
son/daughter_____ Homeroom_____

To be photographed or videotaped at The School of The Immaculate Conception.

Signed _____

Name _____ Date_____

Return by September 18, 2009