



Our Lady of Sorrows School
MEDIA RELEASE
Parental Permission Form

I understand that to promote school programs, recruit new students and/or dispense public information the school uses current student information, including, but not limited to, their name, picture and/or comments.

1. I am the parent/guardian of the student(s) listed below.
2. Initial all that apply:

We grant permission for the use of our child's/children's name, picture or comments in publications for the purpose of promoting/recruiting Catholic schools in the diocese or Our Lady of Sorrows School, and/or to dispense public information.

Yes	No	Media
		Octoberfest Items
		Video
		Newsletter
		Newspaper
		OLSS Web Site
		Teacher Web Sites
		Television
		Yearbook
		Radio

I do not give such permission.

Name of Student(s) (Print Clearly)

Grade & Teacher

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Name of Parent/Guardian's (Print) _____