



## Photograph Release Permission Form

**SAINT PATRICK**  
CATHOLIC SCHOOL

I give Saint Patrick Catholic School permission to photograph or video tape the minor/s named below, and I grant Saint Patrick Catholic School all rights to use these photographs and media images in print for educational, promotional, advertising, or other purposes that support the mission of the school. I agree that all rights to these photographs and media images belong to Saint Patrick Catholic School.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print) Last First M.I.

Minor's Name/s: \_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Copies: Front Office, Media Facilitator