

Photo/Video Release Form



TO WHOM IT MAY CONCERN:

I hereby give permission to my son/daughter _____

to be photographed or videotaped at St. John Chrysostom School. 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 program or curriculum at St. John Chrysostom School.

Signed: _____

Date: _____

Return by September 15, 2014