



Diocese of Covington
Department of Catholic Schools

2024-2025 School Year

Photo, Video, Website Release Form

PLEASE PRINT

Student Name: _____

School: _____

St. Catherine of Siena

Home Address: _____

Home Phone: _____

Parent/Guardian: _____

I, _____, parent
or guardian of _____,

do hereby give and grant to St. Catherine of Siena

School permission to use my child's name, photograph, and/or videotaped image in
publications, video productions, and/or school Internet website. I do further certify that

I am of full legal capacity to execute the foregoing authorization and release.

Signature of Parent or Guardian: _____

Date: _____

Witness: _____

Date: _____