



DIOCESE OF FALL RIVER

CATHOLIC EDUCATION CENTER  
DEPARTMENT OF EDUCATION

423 Highland Avenue  
Fall River, Massachusetts 02720-3791

**2017-18 Contact and Photo Release waiver**

**Parent Contact Information Release**

Please initial **one** of the following:

\_\_\_\_\_ I grant Saint Joseph School permission to share my contact information with the Diocese of Fall River Catholic Education Center (CEC) for the purpose of contacting me regarding matters relating to my school and/or other schools and diocesan wide news. I understand that my contact information will not be sold or shared with any other party.

\_\_\_\_\_ **I DO NOT** grant permission for my contact information to be shared to the Diocese of Fall River Catholic Education Center.

**Student(s) Work/Photo/Video Release**

Please initial **one** of the following:

\_\_\_\_\_ I grant permission for my student's work, photo, video and/or name to be published in Saint Joseph School and/or diocese-approved media outlets, including web-generated promotional resources.

\_\_\_\_\_ **I DO NOT** grant permission for my student's work, picture, video, and/or name to be published.

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: **Saint Joseph School, Fairhaven**