



2022-23 Contact and Photo Release waiver

Parent Contact Information Release

Please initial **one** of the following:

_____ I grant School permission to share my contact information with the Diocese of Fall River Catholic Schools Alliance (CSA) 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 Schools Alliance (CSA)

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 school and/or diocese-approved media outlets, including web-generated promotional resources and social media.

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

Signature: _____

Print Name: _____

Email: _____

Phone: _____

Address: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

School: **Saint Joseph School**