

**ST. ROSE SCHOOL
DISTRICT NO. 14-15
18004 ST. ROSE ROAD
ST. ROSE, ILLINOIS 62230-9775
(618) 526-7484**

**Student Release Form
Video/Photograph/Tapes**

(Please Print)

Name of Student: _____

Birth Date: ___/___/___

Address: _____

Age: _____

City/State/Zip: _____

Phone Number: (618) _____

Gender: _____

I, the undersigned, hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproductions by St. Rose School in which my child may appear. I understand that these materials may be used for promotion for the school through the news media, school website, newspaper, etc. I release the school from any liability connected with the use of a picture or voice recording as part of any promotion involving St. Rose School.

Parent/Guardian Signature _____

Date _____

No, I DO NOT consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproductions by St. Rose School in which my child may appear.

Parent/Guardian Signature _____

Date _____