

Authorization Form
For Use of Child/Youth Name, Likeness, and/or Photographic Image

This authorization form shall serve as parental permission for the use of name, likeness, and/or photographic image of a child/youth where such permission is required.

I grant permission to **Bishop Guilfoyle High School**

To use my child's/children's/youth's name, likeness, and/or photographic image in the production of the following:

(Above portion must be completed – DO NOT sign if blank)

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the Diocesan Office, Department, Parish, or School in writing, all references to my child/youth (i.e., name, likeness, and/to photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. [I understand that the Diocesan Office, Department, Parish, or School is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image).] I further understand that my child's/children's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

Name of Child (Please Print)

Date of Birth

Grade

Signature of Parent or Legal Guardian

Date

This Authorization Form to be kept on file until the student graduates from High School.