



Diocese of Arlington The Chancery

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TEL: (703) 841-3847 FAX: (703) 524-5028

Office of Child Protection & Safety

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

Student's Name: _____

(Even if you do not agree to any of the categories, please sign the bottom and return with Religious Education registration).

Image and Audio: I authorize the **Catholic Diocese of Arlington**, its parishes, its schools and/or the **Arlington Catholic Herald** to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent or guardian: _____

Date: _____

Identity: I authorize the **Catholic Diocese of Arlington**, its parishes, its schools and/or the **Arlington Catholic Herald** to use my child's name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.

Signature of parent or guardian: _____

Date: _____

In-House: I authorize the **Parish of St. Stephen Martyr and St. Katharine Drexel Mission** to use my child's name identifying them in photographs for *in school (Religious Education) purposes only*. I understand these photographs will not be publicly displayed or published with or without names.

Signature of parent or guardian: _____

Date: _____

***I have received and read this letter:** _____

Signature of Parent or Guardian and Date