



**Diocese of Arlington**  
**The Chancery**

SUITE 914  
200 NORTH GLEBE ROAD  
ARLINGTON, VIRGINIA 22203

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