



The Diocese of
Kansas City - St. Joseph

**Parent/Guardian
Consent for use of
Photographs and
Similar Recordings**

Name(s) of Student(s) and Child(ren):

I hereby grant permission to The Catholic Diocese of Kansas City-St. Joseph ("the Diocese") for this/these student(s)/child(ren) to be included in photographs, images, videos and other recordings (collectively, "photographs") made in connection with

_____ School/Center and/or the Diocese. I also grant the Diocese the right to use, publish, exhibit or distribute such photographs for purposes of advertising, promoting or marketing the Diocese and its schools or other institutions. I understand that I have no copyright interest in such photographs, and that the Diocese need not obtain any further approval from me to use the photographs.

Name of parent/guardian (print)

Signature:

Date:

Forms will be kept on file in the school/center for a period of three years