

CONSENT AND RELEASE FORM

Please check, sign, and return.

I agree and consent that the Schools of the Sacred Heart may use the name and/or the photograph of:

I do not consent that the Schools of the Sacred Heart may use the name and/or the photograph of:

Student's name: _____
(PLEASE PRINT)

for a brochure, flyer or other written information about the Schools, without the need for any further request for consent and without compensation or right to approve any photograph or written text. Such written materials will be used to provide information about the Schools to potential new students and their families.

I hereby certify that I am the Father, Mother, Legal Guardian of the student who is referred to above.

Parent's Name: _____
(PLEASE PRINT)

Signature: _____

Address: _____
NUMBER AND STREET

CITY STATE ZIP

Date: _____

Please return this form to your daughter's school office before the first day of school.