



DIOCESE of FALL RIVER

CATHOLIC SCHOOLS ALLIANCE

2020-21 Contact and Photo Release Waiver

Student(s) Name(s): _____ Grade(s): _____

Parent Name: _____

Email address: _____ Phone: _____

Address: _____ City: _____ State: _____

___ YES, I grant School permission to share my contact information with the Diocese of Fall River Catholic Schools Office for the purpose of contacting me regarding matters relating to my school and/or other schools and diocesan wide news. I understand that my contact information will not be sold or shared with any other party.

___ NO, I DO NOT grant permission for my contact information to be shared to the Diocese of Fall River Catholic Schools Office.

Signature: _____

Date: _____

PHOTO AND VIDEO RELEASE

___ YES, I grant permission for my student's work, photo, video and/or name to be published in school and/or diocese-approved media outlets, including social media and other online platforms.

___ NO, I DO NOT grant permission for my student's work, picture, video, and/or name to be published.

Signature: _____

Date: _____