

MEDIA AUTHORIZATION FORM

There may be times when The Little School wishes to use your Little Schooler's photo. As the parent you may choose the appropriate level(s) of authorization.

Ascension Parish Bulletin or Ascension Early Childhood Center Website

YES NO I grant permission to use my or my child's image in a photo or video in the Ascension Parish Bulletin or on the Ascension Early Childhood Center website as long as no name is used to identify my child.

YES NO I grant permission to use my or my child's name with the image or recording in either of the above mentioned communications.

Archdiocese of St. Louis:

YES NO I grant permission to use my or my child's image in a photo or video in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine, archdiocesan social media, The e-Vangelizer (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis as long as no name is used to identify my child.

YES NO I grant permission to use my or my child's name with the image or recording in any of the above mentioned communications.

Sponsoring Organizations:

YES NO I grant permission to use my or my child's image in a photo or video in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way as long as no name is used to identify my child.

YES NO I grant permission to use my or my child's name with the image or recording in any of the above mentioned communications.

Secular media outlets:

YES NO I grant permission to use my or my child's image in a photo or video in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV) as long as no name is used to identify my child.

YES NO I grant permission to use my or my child's name with the image or recording in any of the above mentioned communications. .

FAMILY AUTHORIZATION (Please print clearly.) Date: _____

Family Name: _____

Child's Name: _____

Parent/Legal Guardian Signature: _____

Email: _____

Phone: _____