



## Consent For Release of Personally Identifiable Information

The undersigned parent or guardian of the student named below, a student at St. Michael Prekindergarten, Worthington, Ohio, hereby consents to the release of the following information.

### Specific information to be released:

Photographs and press releases describing St. Michael School activities or achievements, including names for certain achievements

### Reason for release:

General public relations purposes such as promoting the involvement of St. Michael School and its students in educational, religious and community activities

### Information to be released via:

Press releases with photographs issued to generally available media such as community newspapers, regional newspapers, local radio news, local television news, the Catholic Times, St. Gabriel Radio, and other local media. Photographs and descriptions of activities and achievements may also be used on the School's webpage

The undersigned consents to the transfer of the above information to a third or subsequent party.

\_\_\_\_\_  
Print Parent / Guardian Name

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date Signed

NOTE: This is a general consent requested near the beginning of the school year. If you want to refuse permission, please print the student's name, print REFUSED on the signature line and return this.