To Be Returned to School

Photo Release Form

I,	hereby give the Archdiocese of		
Philadelphia, its successors and assigns are unqualified right and permission to reproduce	nd those acting with its authority, the luce, copyright, publish, circulate or otherwise		
use any school pictures of my child(ren) produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity.			
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		I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of school pictures.	
I hereby warrant that I am free to give this permission. I further warrant that the			
information I have provided is, to the best of my knowledge, true and accurate.			
al (B)			
Signature of Parent/Guardian	Date		
Children's name (first and last places print)			
Children's name (first and last, please print)			
Street Address			
Sifeet Address			
City State 7:			
City, State, Zip			
Talanhana			
Telephone			
Ciamatana af Dainain 1			
Signature of Principal			