

**DIOCESE OF GRAND RAPIDS**

360 Division Avenue South

Grand Rapids, MI 49503



**MEDIA RELATIONS/PROMOTIONS RELEASE FORM**

STUDENT NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City, State, Zip

PHONE: \_\_\_\_\_

**RELEASE**

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE,  
PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I (we) give my (our) permission to St. Patrick School, 122 West Street, Portland MI 48875, to use my name (or my child's name), city and state, and/or photograph, videotape, website photos, or any likeness for publicity purposes and the use of statements made by or attributed to me (or my child) relating to the Catholic Diocese of Grand Rapids for this or similar promotions and grant to St. Patrick School any and all rights to said use without further compensation. It is my (our) understanding that my signature below releases the Catholic Diocese of Grand Rapids from any financial or legal responsibility for the use of this media relations/promotional material(s).

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Permission Granted Permission Granted

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If person giving permission is a parent or legal/guardian, please state  
relationship to student:** \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: All signed release forms MUST be returned to the administration office of St. Patrick School.

***PLEASE COMPLETE REVERSE SIDE →***