



**ST. LEONARD CHRISTIAN FORMATION  
2020/2021**

**Archdiocese of Milwaukee  
Release of Information Form  
(for Audio/Visual)**

"Each parish/school should establish policies regarding the release of names, addresses, phone numbers, and images of students, faculty, staff, and school families. For inclusion in directories, brochures, websites, or any other medium, permission needs to be obtained from the individual(s) involved, and in the case of minors, from their parent/guardian.

I, (*Parent/Legal Guardian Name*): \_\_\_\_\_ ,  
hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by **St. Leonard Catholic Church and School and/or by the Archdiocese of Milwaukee**. I understand that these materials are being used for promotion of **St. Leonard Catholic Church and School and/or the Archdiocese of Milwaukee**. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

Name of Parent/Legal Guardian: \_\_\_\_\_  
(Please print)

Name of Child(ren): \_\_\_\_\_  
(Please print)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Signature of Parent/Legal Guardian \_\_\_\_\_

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

\*By entering my full name, I attest that this constitutes my legal electronic signature on this form.