



PHOTO USAGE CONSENT

PARENTS/GUARDIANS: Please complete this form (one per family) and submit it to the school office.

AUTHORIZATION

STUDENT NAME(S): _____

I consent to S.V.A.E. using pictures of my child(ren) for the following purposes. I understand that my child's name will not be put with the picture and that all pictures will be appropriate. This consent shall remain in continuous effect unless revoked in writing as long as my child is enrolled at S.V.A.E.

Please check each one permitted.

- _____ Brochures
- _____ Parent bulletins
- _____ Church newsletters
- _____ Bulletin boards
- _____ Promotional videos
- _____ Advertising posters
- _____ School wall posters
- _____ Newspapers or magazine articles
- _____ S.V.A.E. website

Parent's Signature _____ Date: _____