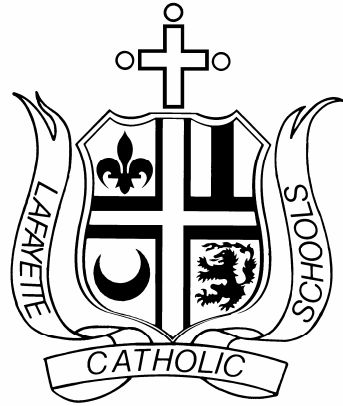


Lafayette Catholic School System
2410 S. 9th St.
Lafayette, IN 47909



Throughout the year, we have occasion for media coverage of our students. We ask your permission to release this type of communication regarding your student(s). This could include, but is not limited to photographs and written communication for : the newspaper, newsletters, both parish and school, bulletin board displays, yearbook, school website, TV, internet and videos made throughout the school year, etc.

Family Last Name: _____

Student's Name: _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Please check your response:

_____ Yes, the school has my permission to release school related communication involving my child to any media.

_____ No, the school does not have my permission to release school related communication involving my child to the media.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____