

**ST. ROSE SCHOOL**  
**DISTRICT NO. 14-15**  
**18004 ST. ROSE ROAD**  
**ST. ROSE, ILLINOIS 62230-9775**  
**(618) 526-7484**

**Student Release Form**  
**Video/Photograph/Tapes**

(Please Print)

**Name of Student:** \_\_\_\_\_

**Birth Date:** \_\_\_/\_\_\_/\_\_\_

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

**Age:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** (618) \_\_\_\_\_

**Gender:** \_\_\_\_\_

I, the undersigned, hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproductions by St. Rose School in which my child may appear. I understand that these materials may be used for promotion for the school through the news media, school website, newspaper, etc. I release the school from any liability connected with the use of a picture or voice recording as part of any promotion involving St. Rose School.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**No, I DO NOT** consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproductions by St. Rose School in which my child may appear.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_