

**BLESSED SACRAMENT FAITH FORMATION**

**SEPTEMBER 2009 – SEPTEMBER 2010**

**Our Diocesan Offices has requested that we have a photo release form signed by all of our parents.**

**When we have a photo taken of your child during one of the sacraments or during a Youth Ministry event or any other occasion, we need your permission to take the photo.**

**This form will release to us your permission to do so.**

**Please sign the photo release form on the reverse of this notice and return it to me as soon as possible.**

**Thank you for your cooperation !**

**Mrs. Reed**

**(over)**



**CHURCH OF THE BLESSED SACRAMENT**

607 CENTRAL AVENUE, ALBANY, NEW YORK 12206

**PERMISSION FOR PHOTOGRAPHS/VIDEO TAPES/FILMS**  
**SEPTEMBER 2009 – SEPTEMBER 2010**

I hereby authorize and give my consent for the taking of pictures (moving or still) of

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(Name of student)

and further give my permission for their reproduction for

1. Teaching purposes only
2. New release
3. Publications
4. Community awareness programs

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(date)

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(Parent/Guardian signature)

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(Relationship)

This space may be used to state any restrictions you may have on the above.