



ROMAN CATHOLIC DIOCESE OF PATERSON

OFFICE OF CHILD & YOUTH PROTECTION
777 VALLEY ROAD • CLIFTON • NEW JERSEY 07013
973-777-8818

PERMISSION TO PUBLISH A PHOTOGRAPH OR WORK FORM

Dear Parent / Guardian:

As part of your son's/daughter's Religious Education Program, he/she will have the opportunity to publish documents in newspapers and religious education publications/newsletters and/or the Parish's website and/or Social Media accounts such as Facebook, Twitter, etc. Published documents might include a first and/or last name, and individual photo, a story or poem, a graphic, a science or research project, or a group photograph from an activity or club. The Religious Education Program will follow the below guidelines:

- Web published documents will never include a student's phone number, street address or box number, or names (other than first names) or information about other family members.
- References to email addresses will be restricted to authorized staff of the Religious Education Program.
- Documents will never include any information indicating the physical location of a student at any given time other than attendance at/or participation in Religious Education activities.
- There will never be links to student or faculty off-site web pages.
- Documents must conform to applicable Diocesan Policies.
- Documents to be published must be approved by the Religious Education teacher before publication.
- All original student produced work that is published will be considered as protected by US Copyright in the name of the student and parish, and will be identified as such.
- All postings on social media must comply with the Diocesan Social Media Policy.

We will publish these documents and/or photographs only with parental permission. Please consider the following options, then sign and return this entire page to the Religious Education office. The permissions you grant on this form will be effective until specifically changed at your written request. You may at any time request another copy of this form and file an amended permission.

Thank you for your cooperation

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Parent / Guardian Permission

Date: _____

Name of Student: _____

_____ Yes, I grant permission to publish my child's work and/or photograph.

_____ No, I do not grant permission to publish anything concerning my child's work and/or photograph.

THIS FORM MUST BE RETURNED BEFORE A STUDENT'S WORK/PHOTOGRAPH IS PUBLISHED

Parent /Guardian Name: PLEASE PRINT _____

Signature: _____