



St. Joseph Catholic Church

134 West Mound Street

PO Box 40

Circleville, Ohio 43113

740-477-2549

PERSONALLY IDENTIFIABLE INFORMATION RELEASE FORM

The following release form must be signed and dated by the parent of a student prior to releasing personally identifiable information as defined in Policy 5126.0.

**PARENTS' CONSENT FOR RELEASE OF
PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned parent(s)/guardian(s) of _____, a student in
(Student Name)

the parish school of religion program at St. Joseph hereby consent
(Name of Parish)

to the release of the following personally identifiable information.

Specific information to be released:

Students name and Parish
photographs taken at special events

Reason for release:

for bulletin, parish publication and community
awareness - local and diocesan

Information to be released via:

parish bulletin, flyers, newspaper (local + diocesan)
bulletin boards or displays and parish website or facebook.

The undersigned consent to the transfer of the above information to a third or subsequent party.

(Parent/Guardian Name)

(Date)

(Authorized Signature)

(Date)

A copy of the release is requested. (Check One)

Yes No