

Incarnation School
570 West 175th Street
New York, NY 10033

Photo/Video Release Form for 2009-2010 School Year

TO WHOM IT MAY CONCERN:

I hereby give permission for my son/daughter _____
to be photographed or videotaped at Incarnation School. I realize that the photo may be
published in the newspaper, a magazine, or other publication. The video may be used for
educational or informational purposes regarding the programs or curriculum at Incarnation
School.

Student's Name: _____
(please print)

Class #: _____

Student's Name (if more than 1 child in school): _____
(please print)

Class #: _____

Student's Name (if more than 1 child in school): _____
(please print)

Class #: _____

Parent Signature: _____

Date _____