

**2007 – 2008**  
**Permission to Photograph/Videotape Students**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacred Heart of Jesus has my/our permission to photograph, videotape, and/or other wise record my/our student(s) and/or his/her work product for educational, historical, instructional and/or promotional purposes. I understand that my students' image, name, work product, and grade may be revealed without my/our prior consent.

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

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