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Official Diocese of Altoona Johnstown Authorization Form
For Use of Child/Youth Name, Likeness, and/or Photographic Image

This authorization form will serve as parental permission for the use of name, likeness, and/or photographic image of a child where such permission is required.

I grant permission to Lock Haven Catholic School to use my child's name, likeness, and/or photographic image in the production of :

*virtual classrooms and newspapers, flyers, brochures, web sites, newsletters, etc.,
that would be advertising/promoting such things as school services, schedules,
programs, events, activities, etc.*

(Above portion must be completed – DO NOT sign if blank.)

I understand that, once given, my permission may be revoked according to the terms and conditions described below.

Name of Child (Please Print)

Date of Birth

Signature of Parent or Legal Guardian

Date

L.H.U. students may take pictures of my child during class activities.: ___yes ___no

This Authorization Form to be kept on file until the student graduates from L.H.C.S.

I understand that if, for whatever reason, at any point in time, I decide to revoke this signed agreement, and I so notify the Diocesan Office and/or School in writing, all references to my child (i.e., name, likeness, and/to photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. [I understand that the Diocesan Office and/or School is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image).] I further understand that my child's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

_____ I **do not** give permission for LHCS to use my child's name, likeness, and/or photographic image.

Name of Child (Please Print)

Date of Birth

Signature of Parent or Legal Guardian

Date