

**PUBLIC RELATIONS PHOTO RELEASE FORM**  
**2026-2027**

**Student Name** \_\_\_\_\_

I consent to having my photo taken and used as deemed necessary for publication in press releases, Carillon newsletters, annual reports, presentations and any other printed public relations and marketing materials.

Consent \_\_\_\_\_ Do Not Consent \_\_\_\_\_

I consent to having my photo taken and used as deemed necessary for publication on the organization website and on social media websites (Facebook, Twitter, and Pinterest) for public relations and marketing purposes.

Consent \_\_\_\_\_ Do Not Consent \_\_\_\_\_

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

Date \_\_\_\_\_

\*I understand that I may revoke this consent at any time and that I may inspect the information to be disclosed.  
The consent is valid for one year from date signed\*