

MEDIA AUTHORIZATION FORM

For marketing and publicity purposes, there may be times when the school / parish / archdiocese wishes to use your and/or your child/ren's image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

LEVELS OF AUTHORIZATION		
Archdiocese of St. Louis: I grant permission to use my or	my child/ren's image, name.	recording, or academic work
in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine,		
archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.		
☐ Yes ☐ No		
Parish/School: I grant permission to use my or my child/	ren's image, name, recording	, or academic work in
communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper,		
admission videos, parish/school website and social media.		
☐ Yes ☐ No		
Sponsoring organizations: I grant permission to use my or my child/ren's image, name, recording, or academic		
work in websites, videos, and publications created by independent foundations and corporations that support		
Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to,		
Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies,		
English Tutoring Project, and United Way.		
☐ Yes ☐ No		
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Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in		
secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-		
Dispatch, KMOX radio, and KSDK-TV).		
☐ Yes ☐ No		
FAMILY AUTHORIZATION (Please print clearly.)		
Full Name:		
Phone:		
Email:		
School Name:		
Parish (if applicable):		
Parent 1 Name:		
Parent 2 Name:		
Child/ren's Name/s:	Grade:	Age:
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Parent / Legal Guardian Signature:		Date:
Notes (for staff only):		

Revised: 07/2023