



SCHOOL NAME

**Consent to Disclose Personal Information
to the Media/Outside Organizations**

This consent form is to be completed in the following circumstances:

- when interviews are undertaken or when photos or videos are taken by the media or an outside organization for non-public events for use outside the school community, when individual students are identified by name or face.
- when photos or videos are taken by the Division where individual students are identified and the material is to be used for purposes outside the school.

I hereby consent for _____ to be
(Name of Student)

- interviewed by
- photographed by
- videotaped by
- tape recorded by

(Name of Organization (or Division Department))

Purpose of the interview, photograph or videotape and the use that will be made of it is as follows:

Signature of Student if 18 years
of age or older, or Independent

Signature of Parent/Legal Guardian

Date

Date

For further information concerning the completion of the form please contact your school principal or the FOIPP Coordinator at Holy Spirit Catholic Schools, 620 – 12 Street 'B' North, Lethbridge, Alberta T1H 2L7