



**DIOCESE OF PENSACOLA-TALLAHASSEE**

**PERMISSION FOR USE OF INFORMATION OR GRAPHIC IMAGE OF A MINOR IN MEDIA**

I, \_\_\_\_\_, the parent/legal guardian of the minor  
(print name)

child(ren) \_\_\_\_\_  
(print name(s))

\_\_\_\_\_ hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including but not limited to The Catholic Compass, to use my child's/ (children's) name(s) and/or photograph(s) for promotional, news or public relations purposes in print and/or electronic media pertaining to the

\_\_\_\_\_ program/event.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

\_\_\_\_\_  
(Signature)

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