

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



VIDEO AND PHOTO RELEASE FORM

I hereby grant permission for _____
(Child's Entire Name)

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Parent (or Guardian) Name (Print or Type)

Parent (or Guardian) Signature

Witness

Date

Please return completed form to: jhoffacker@archatl.com OR
Archdiocese of Atlanta
ATTN: Jayna Hoffacker
2401 Lake Park Drive SE
Smyrna, Georgia 30080