## Permission to Publish Student Information

Dear Families

For promotional purposes it is hoped that you will give permission for Callaghan College to name students and publish their photographs and work in campus, College and mass media publications.

If at any time you wish to alter permission, please notify your child’s campus in writing.

Please complete the form below.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for Callaghan College Waratah to *(tick to indicate approval)*

Publish my child’s

Full name 🞎

Photograph 🞎

Work samples 🞎

In campus and College publications

In print 🞎

On our intranet and

Internet sites 🞎

And in media releases

In print 🞎

On Television 🞎

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_