



**Seton Foundation for Learning
850 Hylan Boulevard
Staten Island, NY 10305**

PHOTO RELEASE 2016-2017

I hereby authorize the Seton Foundation for Learning and the Archdiocese of New York to utilize photographs of my child, _____, for educational and publicity purposes. I understand that these photographs will be used in the dissemination of information concerning our special education programs including our school website and our school Facebook page. This consent will be valid for the period of one year.

Parent Signature: _____

Address: _____

Date: _____