



ST. ALBERT PROTESTANT SCHOOLS

COPYRIGHT RELEASE FORM

I hereby grant permission to _____, St. Albert Protestant
(Name of School)
Separate School District No. 6 on behalf of my child(ren), _____,
(Name of Students)
to (please check appropriate box(es)).

- a. Record and tape my child(ren)
- b. Display any of my child(ren)'s work, and
- c. Reproduce any of my child(ren)'s work

which were produced during the 20___/20___ school year, for non-profit, educational purposes. I understand the production(s)/work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school board sites or at school board sponsored displays in the community, used in a school board publication, or on the board or school website.

Signed this ___ day of _____, 20___.

Student/If 18 years of Age or Older
or Independent Student

Parent/Legal Guardian