



TRINITY CATHOLIC SCHOOL

Preschool - 6th Grade

115 East 5th Street

Oswego, NY 13126

Phone: (315) 343-6700 - FAX: (315) 342-9471



Media Release & Publicity Opt-Out Form 2026–2027

At Trinity Catholic School, we love celebrating the accomplishments or faith, and everyday learning of our students. Throughout the school year, photographs, video recordings, audio recordings, and student work may be used to recognize student achievements and share the wonderful things happening in our school community.

These materials may appear in:

- School newsletters
- Trinity Catholic School website
- Official Trinity Catholic School Facebook page
- Church Publications
- Official Syracuse Diocese social media accounts and communications
- Local newspapers and media outlets
- School brochures, advertisements, and promotional materials
- Yearbooks and other school publications

Student names (first names only) may occasionally be included with photographs or recognition stories; however, personal information such as home addresses, telephone numbers, or other confidential information will never be published.

No action is required if you give permission for your child's image and/or work to be used as described above.

If you **DO NOT** want your child photographed, videotaped, recorded, or included in school publicity materials, please complete and return the form below to the school office.

Media Release Opt-Out

I **DO NOT** grant permission for Trinity Catholic School to use my child's image in:

- ☐ Photograph
- ☐ Video Image
- ☐ Audio Recording
- ☐ Student Work (artwork, writing samples, classroom projects, etc.)



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I understand that Trinity Catholic School will make every reasonable effort to honor this request. I also understand that it may not be possible to exclude my child from photographs or recordings taken during large group activities, public events, performances, athletic events, or other situations where students appear as part of a crowd.

Student Name(s): _____

Grade (2026–2027): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Thank you for helping us celebrate the many wonderful experiences at Trinity Catholic School while respecting your family's preferences.

(It is only necessary to complete this form once - - you can add all of your children's names to this form.)

(If you are OK with us using your child's picture, etc. NO NEED to return the form.)