

Diocese of Columbus
Catholic Youth Organization (CYO)
197 E. Gay Street
Columbus, Ohio 43215

Parent's Consent for Release of Personally Identifiable Information

The undersigned parents of _____, a member of

(Child's name)

_____ hereby consent to the release of the

(Parish name)

following personally identifiable information.

- **Photos without names of the athletes will be released.**
- **Photos will be used to help promote the activities and acknowledge the achievements of the participants in the CYO.**
- **Information will primarily be released through the Catholic Times and on the CYO website at www.cdeducation.org**

The undersigned consent to the transfer of the above information to a third or subsequent party.

(Parent's name)

(Date)

(Parent's name)

(Date)

A copy of the release is requested: *Please check one.*

_____ Yes _____ No