

**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](http://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