

**Magis Productions & St. Augustine Mission  
MEDIA RELEASE FORM  
For Students**

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

I give Father (Fr.) Don Doll, S.J., and designated representatives of St. Augustine Mission, permission to interview, videotape and/or take photograph(s) of myself or my dependent child(ren) for the purposes of publicity or fund-raising. I understand that the interview(s), videotape(s) and/or photograph(s) may be aired or published in various print and electronic formats by Fr. Don Doll, S.J., or St. Augustine Mission.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City, State and Zip