



**REQUEST TO WITHHOLD  
STUDENT PHOTOGRAPH OR NAME**

**PLEASE NOTE:** This form should be filled out **ONLY** if you wish to withhold your child's photograph or name.

Name of Child(ren): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parents: \_\_\_\_\_

- Our family name and address should not be printed in the ASH family directory.
- I would like restrictions placed on the use of my child's photograph or name in ALL Academy of the Sacred Heart external publications (i.e., ashmi.org, press releases).

*Comments or other information regarding the use of your child's photograph or name:*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this sheet to the Office of the Head of School by September 10, 2010. You will receive verification of this information upon receipt. If you would like to change the authorization after September 10, 2010, please notify Ms. Denene Decker in Sr. Bearss' office at [ddecker@ashmi.org](mailto:ddecker@ashmi.org).*