

**The College of St. Scholastica
Upward Bound Program
Photo Information Form**

I hereby consent to and authorize the use and reproduction of any pictures taken of my son/daughter during their activities through the Upward Bound Program. These pictures may be used in school newsletters, newspaper articles, and television coverage of events or on the World Wide Web for the purpose of publication, distribution, or display.

Name of Student _____

Signature of Parent/Guardian _____

Date: _____