




St. Joseph's College of Arts & Science (Autonomous)
Affiliated to Annamalai University | Re-Accredited with 'A' Grade by NAAC
Cuddalore – 607001, Tamil Nadu, India

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Request for Permission to Use Carlo Acutis Media Services (CAMS)

Organization / Institution Name: _____

Purpose of Request:

(Please briefly describe the purpose for which you are seeking to use the Carlo Acutis Media Services)

Personal Information of the Applicant

Full Name: _____

Designation/Role: _____

Department/Unit: _____

Address:

Phone Number: _____

Email Address: _____

Details of Requested Media Services

Please check all that apply:

- Use of Images/Photos of Carlo Acutis
- Use of Videos or Documentaries
- Use of Logos or Official Graphics
- Use of Online Exhibits (e.g., Eucharistic Miracles)
- Translation of Content
- Reproduction in Printed Material

- Use in Parish/School/Educational Program
- Use on Social Media or Website
- **E-Content Preparation (e.g., digital lessons, catechesis, presentations)**
- Other (Please specify): _____

Duration of Use

Day(s): ___ / ___ / _____ To: ___ / ___ / _____

Time: ___ / ___ / _____ To: ___ / ___ / _____

Consent Declaration

I, the undersigned, hereby request permission to use the Carlo Acutis Media Services for the purposes stated above. I understand that the content remains the intellectual property of the Carlo Acutis Medis Services (or designated authority) and agree to:

- Use the material only for the purpose and period stated.
- Provide appropriate acknowledgment to the Carlo Acutis Foundation.
- Not modify the material in a way that misrepresents the original intent.
- Not use the material for commercial purposes without explicit written permission.

Signature of Applicant: _____

Date: ___ / ___ / _____

For Official Use Only (To be completed by the Carlo Acutis Media Services Team)

Received by: _____

Date: ___ / ___ / _____

Approved / Not Approved (circle one)

Comments/Conditions:

Authorized Signatory: _____

Position: CAMS Director

Date: ___ / ___ / _____