

# GENERAL PHOTO RELEASE FORM FOR MINORS

I give my permission to use my child's photograph, etc. **AS DESCRIBED ABOVE.**

I give my permission for my child's picture to be used in emails and internal publications only.

**I DO NOT** consent to having photographs of my son/daughter used **IN ANY WAY**, as specified above.

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City, State, ZIP:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_