

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:** _____