**PHOTO CONSENT FORM**

I, [Full Name] grant permission to [Reason] for the use of the photograph(s) or electronic media images as identified below in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying [Notice] in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

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| City: [City] | State: [State] | Zip: [Zip Code] |
| Phone: [Phone Number] | | Email: [Email Address] |

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [MM/DD/YYYY] |
| **Signature** |  | **Date** |

**Image(s) Description**  
  
[Description]