

# Photo Release

DATE
PHOTOGRAPHER'S NAME

I, \_\_\_\_\_, hereby authorize and consent to the use of my image  
PRINTED NAME

(photograph or video) by the Washington State Department of Social and Health Services for:

- Appropriate general use.  
 This specific use:

I give this consent with no claim for payment.

SIGNATURE	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
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**If the subject is a minor or an adult who has a legal guardian, the following section must be completed by a parent or guardian.**

GUARDIAN'S PRINTED NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
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SIGNATURE	DATE
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**PHOTO RELEASE  
 DSHS 16-235 (REV. 07/2018)**

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