

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
-----------	------	------------------	---------------

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)
-------------------------	--------------------------------------

SIGNATURE	DATE
-----------	------

**PHOTO RELEASE
DSHS 16-235 (REV. 07/2018)**

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
-----------	------	------------------	---------------

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)
-------------------------	--------------------------------------

SIGNATURE	DATE
-----------	------

**PHOTO RELEASE
DSHS 16-235 (REV. 07/2018)**