DATE



Transforming lives

I,, hereby authorize and consent to the use of my image			
(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 qua	ardian the following s	section must be completed by a
parent or guardian.	who has a legal gua	ardian, the following s	section <u>must</u> be completed by a
GUARDIAN'S PRINTED NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)	
SIGNATURE			DATE
PHOTO RELEASE DSHS 16-235 (REV. 07/2018)			
PHOTO RELEASE DSHS 16-235 (REV. 07/2018)			
			DATE
DSHS 16-235 (REV. 07/2018)	Photo Rele	2350	
DSHS 16-235 (REV. 07/2018)	Photo Rele	ease	DATE PHOTOGRAPHER'S NAME
DSHS 16-235 (REV. 07/2018)	Photo Rele	ease	
DSHS 16-235 (REV. 07/2018)	Photo Rele		PHOTOGRAPHER'S NAME
DSHS 16-235 (REV. 07/2018)	E	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E gton State Departmen	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E gton State Departmen	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E gton State Departmen	, hereby authoriz	PHOTOGRAPHER'S NAME ze and consent to the use of my image
DSHS 16-235 (REV. 07/2018)	E gton State Departmen ayment.	, hereby authoriz t of Social and Health S	PHOTOGRAPHER'S NAME are and consent to the use of my image Services for:
DSHS 16-235 (REV. 07/2018)	E pton State Departmen ayment. DATE	, hereby authoriz t of Social and Health S	PHOTOGRAPHER'S NAME ee and consent to the use of my image Services for:
DSHS 16-235 (REV. 07/2018)	E pton State Departmen ayment. DATE	, hereby authoriz t of Social and Health S	PHOTOGRAPHER'S NAME ee and consent to the use of my image Services for:
DSHS 16-235 (REV. 07/2018)	E pton State Departmen ayment. DATE	, hereby authoriz t of Social and Health S	PHOTOGRAPHER'S NAME   ze and consent to the use of my image   Services for:   EMAIL ADDRESS   Section must be completed by a
DSHS 16-235 (REV. 07/2018)	E pton State Departmen ayment. DATE	, hereby authoriz t of Social and Health S TELEPHONE NUMBER ardian, the following s	PHOTOGRAPHER'S NAME   te and consent to the use of my image   Services for:   EMAIL ADDRESS   Section must be completed by a   NCLUDE AREA CODE)
DSHS 16-235 (REV. 07/2018)	E pton State Departmen ayment. DATE	, hereby authoriz t of Social and Health S TELEPHONE NUMBER ardian, the following s	PHOTOGRAPHER'S NAME   ze and consent to the use of my image   Services for:   EMAIL ADDRESS   Section must be completed by a

**Photo Release**