



# Photo Release

Date
Photographer's Name

I, \_\_\_\_\_, hereby authorize and consent to the use of

Printed Name

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
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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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