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|  | **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)** | | | |