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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 |
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