# Photo Release Form for Children

**(Your Library Name)** requests permission to use an image of your child in conjunction the **(title of your LSTA project)**.

This image may be used for such purposes as illustration, advertising, or web content example of the library’s project.

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I have read and understand the above. I hereby grant permission for usage of photo(s) of my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter child’s full name), to be used in the promotion of the LSTA grant project as described above.

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Child’s Name & Age Child’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/legal guardian’s name (please print)

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Parent’s/legal guardian's signature Date

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Address

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City, State, Zip Phone Number or Email

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Name of Image Date

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Photographer’s Name Article Contributor

**(Your Library’s Name)**

**Your Library’s Address**

**Your library’s Email Address**

**Your Library’s Phone Number**