# \_\_\_\_\_\_\_\_\_(Your Library Name) Photo Release Form

**(Your Library Name)** requests permission to use an image of you in conjunction with 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 me,   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name), to be used in the promotion of the LSTA grant project as described above.

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Name

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Signature Date

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Address

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City, State, Zip Phone Number or Email

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Name of Picture Date

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Photographer’s Name Article Contributor

**(Your Library’s Name)**

**Your Library’s Address**

**Your library’s Email Address**

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