

COMPREHENSIVE CONNECTIONS

16338 N IL HWY 37

Mt. Vernon, Illinois 62864

PHOTOGRAPH RELEASE

Date: _____

Name: _____

Purpose: For publicity purposes, client file, and display at the agency.

I _____, give my permission for the photograph(s) to be used for the above purpose stated. This release expires one year from the date of signing.

Signature Date

Witness Date

Parent/Guardian Date