PHOTO RELEASE FORM

I hereby grant permission to (your library's name), the Pennsylvania Department of Education and the Institute for Museum and Library Services to use photographs and/or video of me taken on (date) at (location) in publications, news releases, online, and in other communications related to the mission of (your library or institution's name).

(Signature of Adult, or Guardian of Children under age 18)
Please Print: Name:
Address (street, town, zip):
Phone (day) (evening):
Email Address (optional):

Thank you!