

(Date)

I, _____ (*name and address of person whose photo is being taken*), give permission for _____ (*name of person taking photograph*) to use this photograph for educational purposes.

I am aware that this photograph may be published in any form of media, either electronic or printed.

I, _____ (*name of person whose photo is being taken*) authorize _____ (*name of person taking the photograph*) to use this photograph to be published in any form of media. However I _____ (*name of person whose photo is being taken*) wish to remain anonymous.

Signature of person whose photograph is being taken.

Signature of photographer.