



## PHOTO RELEASE

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Name of Client/Participant \_\_\_\_\_

I do consent.

Signature/Self or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

I do not consent.

Signature /Legal Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you.

For questions, please contact Patricia Paugas [rosep1@southernct.edu](mailto:rosep1@southernct.edu)