

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography Release**

I am authorizing Longwood Speech, Hearing and Learning Services to photograph the service sessions. I understand that these are used for informational, educational and/or promotional purposes only and will not be sold to any outside agency.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client/Guardian**

**Expiration date of authorization: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_\_\_ No expiration date:**

I DO NOT give consent for Longwood Speech, Hearing, & Learning Services to photograph me and/or my child’s services.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client/Guardian**