



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUTHORIZATION TO TAKE AND USE PHOTOGRAPHS AND INFORMATION



SUBJECTS NAME <i>(Last, First, Middle)</i>	ADDRESS	PHOTO REFERENCE OR NUMBER
FACILITY OR OFFICE	DATE <i>(mm/dd/yyyy)</i>	SUBJECTS UNIT NUMBER <i>(If Any)</i>

I hereby voluntarily and without compensation authorize photographs to be taken of me by

_____ representing _____
(Name of Photographer) *(Specify: PHS or name of newspaper, magazine or organization)*

while I am _____
(Describe activity of subject while being photographed)

This authorization is given on the condition that said photographs and information about me will be used only for the purpose(s) of

SIGNATURE OF WITNESS	SIGNATURE OF SUBJECT, PARENT OR GUARDIAN IF SUBJECT IS A MINOR OR INCOMPETENT
SIGNATURE OF WITNESS	ADDRESS OF PARENT OR GUARDIAN <i>(If Applicable)</i>

(03/23)

PSC Publishing Services (301) 443-6740 EF



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUTHORIZATION TO TAKE AND USE PHOTOGRAPHS AND INFORMATION



SUBJECTS NAME <i>(Last, First, Middle)</i>	ADDRESS	PHOTO REFERENCE OR NUMBER
FACILITY OR OFFICE	DATE <i>(mm/dd/yyyy)</i>	SUBJECTS UNIT NUMBER <i>(If Any)</i>

I hereby voluntarily and without compensation authorize photographs to be taken of me by

_____ representing _____
(Name of Photographer) *(Specify: PHS or name of newspaper, magazine or organization)*

while I am _____
(Describe activity of subject while being photographed)

This authorization is given on the condition that said photographs and information about me will be used only for the purpose(s) of

SIGNATURE OF WITNESS	SIGNATURE OF SUBJECT, PARENT OR GUARDIAN IF SUBJECT IS A MINOR OR INCOMPETENT
SIGNATURE OF WITNESS	ADDRESS OF PARENT OR GUARDIAN <i>(If Applicable)</i>

(03/23)

PSC Publishing Services (301) 443-6740 EF