



I, \_\_\_\_\_, give my permission for ReSOURCE to use photographs of me in ReSOURCE publications and to share photographs with other agencies that want to promote ReSOURCE programs. I understand that all photographs will be used for professional purposes only.

\_\_\_\_\_  
Student Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)