



ARCO IRIS

BILINGUAL CHILDREN'S CENTER

Photography Authorization Form

AIBCC may periodically take photos of children to produce informational materials and document events for parents. By signing the Photography Authorization Form, you give AIBCC permission to photograph and use your child's image. If you do not want your child's image to be captured in any form, please make note on this form.

I, _____, **DO / DO NOT** (Circle One) consent my child(ren),
(Print Name of Parent / Legal Guardian)

_____, to be photographed. By consenting,
(Print Name of Child(ren))

I further authorize that the photography may be published for any purpose and in any form.

Signature of Parent/Guardian

Date Signed