

Photo/Image Release Form

_____, 20____

Date

The agency gathers pictures and videos throughout the nation to show how its programs help people. By signing this form, you are granting permission for the image(s) to be used for official U.S. Government purposes in a variety of formats (print, social media, web pages, etc.), without restrictions or payment.

I, _____

give my permission to the Health Resources and Services Administration (HRSA) and any other U.S. Government agency to use the photographic/video image(s) of myself or someone for whom I have legal responsibility. The image(s) may be used for any official publication, in print or digital form. I further give HRSA full rights to use these images in other official U.S. Government publications at any time. I also agree that HRSA may provide these images to the media as part of U.S. Government business. I waive any right to edit or approve the finished product in which the image(s) is used.

Print Subject's Name

Additional identifying information (not required):

Signature: _____

Relationship to minor(s) if applicable.

If granting permission for minor(s). Please print name(s):

Witness Signature: _____

Necessary if granting permission for minor(s)

This Section is for Agency Use Only

Agency Representative

Title

Address

Telephone Number

Purpose of Image(s)

