



WASHINGTON
MULTICULTURAL
SERVICES LINK

PHOTO CONSENT FORM

I, _____ with a mailing address of _____
_____ City of _____, State of
Washington (the “Releasor”) grant permission and give my consent to Washington
Multicultural Services Link for the use of my photograph(s) or electronic media images.

Revocation

- I understand that I may revoke this authorization at any time by notifying Washington
Multicultural Services Link in writing. The revocation will not affect any actions taken
before the receipt of this written notification. Images will be stored in a secure location
and only authorized staff will have access to them. They will be kept as long as they are
relevant and after that time destroyed or archived.

Releasor’s Signature _____ Date _____

Legal Guardian’s Signature (if applicable) _____ Date _____