



Maryland Child Services Inc.

P.O. Box 279

Lisbon, MD 21765

240-644-9295

## PHOTO RELEASE FORM

I, \_\_\_\_\_, hereby grant Maryland Child Services Inc. permission to publish my child's photographs

\_\_\_\_\_ (child's name)

In agency publications and/or on the agency's web site located at:

[www.mdchildservices.org](http://www.mdchildservices.org).

I understand that any photos may be used for in Maryland Child services as well as to offer information and referrals.

By signing below, I acknowledge my understanding of the above and grant my permission of use of the photographs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date