

PHOTOGRAPHER'S COPYRIGHT CONSENT FORM

Student Name

Date

As the photographer, _____, I (we) own the copyright
(print name of photographer of company)
in the accompanying film, print, proof, slide, negative or computer file, depicting the following
(please describe content, subject or event):

I (we) authorize the representatives of the Teaching Parents Association Graduation Committee to reproduce the photo(s) described above for use in program, scrapbook and other uses related to the TPA Graduation Ceremony 2012. Any restrictions on the use of the photo(s) are described in the notes below.

Photographer _____

Address _____
(Street Address)

(City, State, Zip)

Phone _____

NOTES

Please check here to indicate if this photo is your own personal photo (no release is needed).