



Photo Release Form

I hereby grant WV Birth to Three permission to use my child, _____'s
(Print Child's First and Last Name)
photograph and my comments in any and all of its publications and other media and promotional materials, such as (but not limited to), the WV Birth to Three website, brochures, posters, and advertising.

I understand and agree that these photographs may be cropped, edited, and otherwise altered, to WV Birth to Three's discretion, to accommodate the permitted uses. I also understand and agree that these photographs will, upon submission, become property of WV Birth to Three and will not be returned.

Parent's Name (Please Print): _____

Parent's Signature: _____ **Date:** _____

Your comments on how WV Birth to Three has helped you help your child (Optional):

The following contact information will not be shared or published, and will only be used by the WV Birth to Three State Staff to contact you for any additional information.

Address (Optional): _____

Phone(Optional): _____ **Email (Optional):** _____

Please mail completed form to: WV Birth to Three 350 Capitol St., Room 427 Charleston, WV 25301
Or fax to: 304-558-2183

Photos may be mailed to the above address or sent electronically to: susan.k.rispress@wv.gov