

PHOTOGRAPH PERMISSION FORM

Please print legibly.



Student's Name _____

Student's e-mail _____

Birthdate _____ Age _____ Name of School _____ Grade _____

Parent/Legal Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Sign-Off: Must be completed for all participants:

I grant permission for the individual named above to be photographed, filmed, or videotaped by or for the Anti-Defamation League to be used in any medium ADL sees fit, including but not limited to, television or radio in connection with ADL educational, promotional, or fundraising materials and programs.

Signature of Parent or Legal Guardian: _____

Date: _____

Anti-Defamation League • 333 South 132 Street • Omaha, NE 68154
402.333.1303 www.adl.org

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