PHOTOGRAPHER'S COPYRIGHT CONSENT FORM

Student Name	Date
As the photographer,	
I (we) authorize the representatives of the Kans reproduce the photo(s) described above for use	e in program, scrapbook and other uses related
to the KSHE Graduation Ceremony 20 Any described in the notes below.	restrictions on the use of the photo(s) are
Photographer	
Address (Street Address)	
Phone (City, State, Zip)	
NOTES	
Please check here to indicate if this photo is your	own personal photo (no release is needed)