PHOTO RELEASE FORM

By checking ONE option below I hereby grant / do not grant permission to the *CDP*Communications team to use photographs and/or video of me in publications, news releases, website, social media platforms and in other communications related to the mission of the Congregation of Divine Providence.

| Please check one:I grant permission. | |
|--|---|
| | |
| • | |
| (Signature) | (Date) |
| | |
| | |
| PHOTO RE | LEASE FORM |
| website, social media platforms and in other c Congregation of Divine Providence. | d/or video of me in publications, news releases |
| Please check one: | |
| I grant permission. | |
| I do not grant permission. | |
| (Signature) | (Date) |