

# Photography consent form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I declare that I am the person named above.

I declare that I am the parent/guardian of the person named above

Name of parent or guardian  
 if subject is under 18: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Declaration:**

I give full consent for my / my child's photographs to be taken and published in any material to promote or support Lambeth Council's services and/or appear in Lambeth Council publicity. I understand that the photographs will not be passed onto another agency without my consent.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**For Office use only:**

<b>Photographer:</b>		<b>Image No.</b>
<b>Commissioner:</b>		
<b>Department:</b>		
<b>Location / description:</b>		