



Att: Patti Solomon/Website Team  
Georgia Parent Mentor Partnership  
Division of Special Education Supports  
1866 Twin Towers East  
Atlanta, Ga 30334

Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to the Georgia Parent Mentor Partnership, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Georgia Parent Mentor Partnership, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Georgia Parent Mentor Partnership may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)