

Photography Consent and Authorization **Archdiocese of Milwaukee**

I hereby consent that one or more photographs may be taken of me. I authorize the Archdiocese of Milwaukee to use these photos in any way it deems appropriate. I understand and agree that the use of my picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Archdiocese's use of this/these photographs.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of subject or guardian: _____

Date: _____

Picture(s) requested by: _____

Intended purpose: _____

Notes: