

Career Opportunity Development, Inc.

**Photograph Release Form**

I, \_\_\_\_\_ hereby authorize Career Opportunity Development, Inc., to photograph and identify \_\_\_\_\_, for the purpose of publicity or CODI related activities.

I only authorize Career Opportunity Development, Inc. to use my photograph for the purpose of CODI ID.

Unless otherwise revoked by me this authorization is to be considered valid for one year from the date below. I understand that any previous released photos cannot be withdrawn.

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

Signature of parent / guardian (if necessary): \_\_\_\_\_

Witness: \_\_\_\_\_

Note to Recipient of Information

You are hereby advised that these photographs have been provided to you for the above stated purpose.