**PHOTO RELEASE FORM**

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**Revocation**

I understand that with my authorization below the photograph(s) may never be revoked. We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

**Releasor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Releasee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center for Healthcare Careers of SE Wisconsin, Inc.