



## Photographic Permission and Release

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

(Parent must sign if student is under 18)

\_\_\_\_\_  
Student email (please print legibly)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Scholarship Name

\_\_\_\_\_  
Date

\*If you are a recipient of more than one award from the Community Foundation,  
you only need to turn in ONE release form.  
Thank You!

Please fill out and return via email with your photo to: [nikki@cfnorthstate.org](mailto:nikki@cfnorthstate.org)

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