



WV BIRTH TO THREE Photo Release Form

I, _____, the parent or legal guardian of
_____ [Child] grant the WV Department of
Health, Bureau for Public Health, Office of Maternal, Child and Family Health, WV Birth to Three
permission to use photographs described as

[Describe Photographs]

for any legal use, including by not limited to publicity, copyright purposes, illustration,
advertising, and web content. This applies to hard copy and electronic submissions.

I understand and agree that these photographs may be cropped, edited, and otherwise altered,
at WV Birth to Three's discretion, to accommodate the permitted uses.

I understand and agree that these photographs will become property of WV Birth to Three and
will not be returned.

Parent's Name (Please Print): _____

Parent's Signature: _____

Date: _____

**Comments that you wish to share with others on your family's experience with WV Birth to
Three (Optional):**

*The following contact information will not be shared or published. It will be used only if WV Birth to Three State
Staff need to contact you for any additional information.*

Address (Optional): _____

Phone (Optional): _____ **Email (Optional):** _____

Please mail this signed release along with photos to: WV Birth to Three - 350 Capitol St., Room 427 - Charleston, WV 25301

Electronic photos along with the signed release must be sent to: susan.k.rispress@wv.gov