



Photo Release Form

Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756

Permission to Use Photograph

Name (please print): _____

Location: _____

I grant to the Commission on Accreditation of Allied Health Education Programs (CAAHEP), its representatives and employees, the right to take photographs of me for use on the CAAHEP website (www.caahep.org) and publications. I authorize CAAHEP, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that CAAHEP may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above, and give my permission:

Signature: _____

Printed name: _____

Organization Name (if applicable): _____

Address: _____

Date: _____

Signature of parent or guardian if under age 18: _____

Please returned signed release forms with the electronic photo file to lorna@caahep.org. Thank you.