

The Autism Society of Illinois
2200 S. Main Street Ste. 205
Lombard, IL 60148
www.autismillinois.org
info@autismillinois.org
1.630.691.1270 ph.
1.630.932.5620 fx

PHOTO RELEASE FORM

Subject's name: _____

I, _____, hereby give The Autism Society of Illinois and their legal representatives and assigns, the right and permission to publish, without charge, photographs, of my child.

These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

Signature: _____

Date: _____

Address: _____

City: _____ State/Zip Code: _____

If necessary, I can be contacted at the following number:

Telephone: _____

(optional) E-mail: _____

Disclaimer: Above information is held in confidence and is never released or sold.