

Photo Release Form

, (please print name)			authorize the
Northland Foundation to use my pi	icture in print, electronic,	and/or web-based բ	oromotional
materials/publications including the	e annual report, brochure	s, print advertiseme	ents, newsletters,
website, and social media such as	Facebook, Instagram an	d LinkedIn. I furthe	er authorize them to
use appropriate copy in the promo	tional materials and publi	ications utilizing my	picture.
✓			
Signature (if subject is over ag	ge 18)		Date
\checkmark			
Parent/Guardian Signature (i	if subject is under age 18) Date	?
Organization (if applicable)			
Address			
City	State	Zip	_
Phone			_
Email Address			