



3800 Louisiana Blvd. NE
 Albuquerque, NM 87110
 Voice 505~883~1818
 Fax 505~883~1814
 www.congregationbert.org

Photo Release Form

I, _____ (please print), grant permission to Congregation Albert to reproduce the photographs taken of me, or members of my family, for the purpose of publication, promotion, advertising, of Congregation Albert. I understand that my name (or the name of my child) will not be used in conjunction with this photograph.

I acknowledge that I am [] over the age of 18

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If legal guardian of student(s), please list name(s) here:

 Signature of Parent or Guardian

 Date

 * Signature of Parent or Guardian

 Date

** If parent's live in separate households, both must sign here.*