

§1515.B

**Consent to Release Information, Recordings or Photographs**

I give my consent for \_\_\_\_\_ to release  
(Name of Center)

information/photograph(s)/recording(s) of my child \_\_\_\_\_ from which my child  
might be identified, except to authorized state and federal agencies.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date