



Photo Consent Form

I, _____ grant permission for **Dr. Audrey Stansbury** to use my photograph(s) or electronic media images in any type of presentation
(ie: Study Clubs, Before & After Testimonials).

I understand that I may revoke this authorization at any time by notifying Dr. Audrey Stansbury **in writing**. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time they will be destroyed or archived.

Name: (Same as Above)

(Minor) _____

Address:

Phone: _____ and

Email:

- I **deny** the use of my photograph(s) or electronic media images in any type of presentation



Signature

Date
