



**Hope Visitation & Exchange Center**

1132 West Market Street

Lima, OH 45805 Ph. 419-221-2118 Fax. 419-221-3932

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**Photo Release Form**

Please sign the form below granting permission for Hope Visitation and Exchange Center to take a digital picture to be kept on file as part of the center's records.

\_\_\_\_\_ Yes, I give permission for my child(ren)'s picture to be taken and filed as part of Hope Visitation and Exchange Center's records.

\_\_\_\_\_ Yes, I give permission for my picture to be taken and filed as part of Hope Visitation Center's records.

Child(ren)'s Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

Other Authorized Visitor's Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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