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PHOTO RELEASE FORM

Name:	Date:
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- I grant permission to Experienced Support Coordination, LLC, its representatives and employees, the right to take a photograph of me for purpose and use in the NJ Division of Developmental Disabilities' iRecord database. My photograph will be used for purpose of identifying myself in this database.
- I do not wish to have my photograph taken for use of identification purpose in the NJ Division of Developmental Disabilities' iRecord database.

I understand that I may revoke this authorization at any time by notifying Experienced Support Coordination in writing. This authorization is limited to a period of no more than one year.

I have read and understand the above:

Individual or Guardian Name (Print): _____

Individual or Guardian Signature: _____

Date: _____