

Moray Council

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## Consent Form for Photographing Adults

The Moray Council would like to take your photograph for inclusion in our printed publications or for using on our website.

I give my permission for my photograph to be taken and used on The Moray Council or Moray Community Planning Partnerships Website.

*(Please delete the above if you do not agree)*

I give my permission for my photograph to be taken and used in The Moray Council or Community planning partnership printed publications.

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Your Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (Please print)

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Tel No . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## I understand that in the future, should I not want this photograph published I have the option of contacting The Moray Council to request, in writing, that the photograph be removed from the Council’s photo library.

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