

Image Use Authorization Form

Full Name of Image Owner / Subject:

Contact Email or Phone:

Description or Title of Image(s):

Authorization

I hereby authorize the use of the image(s) described above for the following purpose(s):

Limitations or Restrictions (if any):

Duration of Authorization:

e.g., One-time use, Indefinite, Until (date)

Consent

By signing below, I acknowledge that I am the owner or have the rights to authorize the use of the described image(s), and grant permission as specified above.

Signature:

Date:

Name (printed):