



PHOTOGRAPH SUBMISSION FORM

School _____ Adviser _____

Photograph File Name _____

Description of Activity Pictured

List the full names of students who are in the attached picture.	Photo Consent Form on File
	<input type="checkbox"/>
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Email this form and the above referenced picture together. By marking the boxes to the right of the names above, you are certifying you have a photo consent form on file for each of the students indicated. Photo consent forms must be on file for all students pictured.