



Photo Release Form

I hereby give my permission, as myself or as the parent/legal guardian of the individual named below, to MDC for the use and reproduction of photographs.

MDC is the state affiliate for The Benefit Bank® of North Carolina (TBB™-NC), a statewide initiative that connects low- and medium-income families and individuals to work and education supports, including tax credits, food and health benefits, and student financial aid.

I understand that the use of the image(s) will be primarily for the purposes of newsletters and/or other publicity about TBB-NC by MDC. This agreement allows MDC to use adults' and minors' full names in TBB-NC newsletters and publicity.

For Adults 18 and Over:

Name (please print name): _____

Phone: _____

Email Address: _____

Signature: _____ **Date:** _____

For Minors:

Name of Minor (please print name): _____

Parent/Legal Guardian (please print name): _____

Phone: _____

Email Address: _____

Signature: _____ **Date:** _____

Thank you for your support of TBB-NC.

**Please send to Tiki Windley, Program Manager at twindley@mdcinc.org
Tel 919.381.5802 x343, Fax 919.381.5805, 307 W Main St Durham, NC 27701**