

Photo Permission Form

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NAME:	
PHONE:	EMAIL:
SIGNATURE:	DATE:
1	of 18, the permission of a parent or guardian is required on I hereby grant permission to the Auburn Public Library to use d as outlined above.
NAME OF CHILD UNDE	R 18:
☐ Please identify by f	irst name only
☐ Please do not ident	ify by name
SIGNATURE OF PARENT	Γ OR GUARDIAN:

Auburn Public Library 49 Spring Street Auburn ME 04210 (207) 333-6640