

25400 US Highway 19 N, Suite 158
Clearwater, FL 33756
Phone: 727-210-2350 / Fax: 727-210-2354
www.caahep.org



Photo Release Form

Commission on Accreditation of Allied Health Education Programs
25400 US Highway 19 N, Suite 158
Clearwater, FL 33756

Permission to Use Photograph

Name (please print): _____

Location: _____

I grant to the Commission on Accreditation of Allied Health Education Programs (CAAHEP), its representatives and employees, the right to use photographs of me on the CAAHEP website (www.caahep.org) and CAAHEP publications including the CAAHEP Communiqué newsletter, brochures, and CAAHEP Annual Report. I authorize CAAHEP, its assigns and transferees to copyright, use, and publish the same in print and/or electronically, with or without my name.

I have read and understand the above, and give my permission:

Signature: _____

Printed name: _____

Organization Name (if applicable): _____

Address: _____

Date: _____

Signature of parent or guardian if under age 18: _____

Please returned signed release forms with the electronic photo file to lorna@caahep.org. Thank you.