



Photographic/Video Image Consent Form

Your signature on this form constitutes your consent for the City of Arlington Public Library System to publish you or your child's photograph or video image with audio, in both Library print and electronic formats.

Child's Name

Parent's Name (Please print)

Parent's Signature

Address

Phone

Date

Thank you,
Library Administration
Arlington Public Library System
101 East Abram Street
Arlington, TX 76010
(817) 459-6901