



**LOWER MACUNGIE LIBRARY**  
inform • enrich • empower

Parent/Guardian Permission Form

Date: \_\_\_\_\_

I grant permission for photographs or visual records to be taken of (child's name) \_\_\_\_\_  
by representatives of the Lower Macungie Library to be used for the purpose of promoting and publicizing the library.

These photographs or other visual recordings may be used for promotional purposes in:

	YES	NO
Bulletin Board displays in the library		
Lower Macungie Library Newsletter		
Lower Macungie Township Newsletter		
Pamphlets/brochures		
Newspapers		
Magazines		
Television		
Lower Macungie Library website		

I agree that I will receive no remuneration for the use of or release of the photographs or visual recordings.

I give my permission for my son/daughter to volunteer at the Lower Macungie Library.

Parent/Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_