



NATIONAL ASSOCIATION OF LETTER CARRIERS
HEALTH BENEFIT PLAN



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Brian L. Renfroe, President • Stephanie M. Stewart, Director

Photo Release Form

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Please list the names and branch number for all the people that are included in the photo. A release form must be completed for each person in the photo.

Name

Branch #

Five sets of horizontal lines for entering names and branch numbers.

I represent that I am at least eighteen (18) years of age or, if I am not, that I have secured the signature of my parent or guardian in addition to my own.

I have read the above permission and release prior to its execution and am fully familiar with its contents and meaning.

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Signature: _____

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If you are under eighteen (18) years of age, please have your parent or legal guardian complete the following:

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