

RELEASE FOR PHOTOS FOR TRIS WEBSITE

I authorize the use of attached photos (print and/or electronic copy) for display on the Tracking Rare Incidence Syndromes (**TRIS**) Project website and use in related **TRIS** materials and publications.



Date : _____ / _____ / _____

Child's name : _____ Trisomy condition : _____

Child's birth date : _____

Mailing address : Street Address _____

Street Address _____

City, State, Zip _____

Country _____

Phone : _____ Circle one: (Home) (Work) (Cell)

Email: _____

Parent / Guardian's name (print) : _____

Parent / Guardian signature : _____

Date rec. ____ / ____ / ____