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*Temporary and Permanent Dental Personnel*

**Photo Release Form**

Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

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I agree that American Dental Staffing may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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