

York-Poquoson Sheriff's Office Citizen Academy for Youth (SCA for Youth)



PHOTO RELEASE

I, _____, give consent for the York-Poquoson Sheriff's Office to use my
Youth's Name (printed)
photograph on the Sheriff's Office website, Facebook page, brochures and/ or any other promotional
items that the Sheriff's Office has or is going to create in the future; to include social media platforms
managed by the York-Poquoson Sheriff's Office Public Information Officer.

I, _____, the parent/ guardian of said above, gives consent for the York-
Parent/ Guardian's Name (printed)
Poquoson Sheriff's Office to use my child's photograph on the Sheriff's Office website, Facebook page,
brochures and / or any other promotional items that the Sheriff's Office has or is going to create in the
future; to include social media platforms managed by the York-Poquoson Sheriff's Office Public
Information Officer.

(Youth's Signature)

(Date)

(Parent / Guardian's Signature)

(Date)