

PERMISSION TO USE PHOTOGRAPH IN PHA PUBLICATIONS

FROM: _____ (Name - Please Print)

_____ (Address)

TO: Saint Paul Public Housing Agency (PHA)

I give permission to the Saint Paul Public Housing Agency (PHA) or its authorized employees, agents or contractors to use photographs of me in the PHA Annual Report and similar publications.

I understand that I will not be identified by name or address in the publication.

This grant of permission is effective for one year from the date shown below for publications that contain the photographs if the publications are printed before that date. However, I understand that such publications may be distributed after that date.

Signed _____

Date _____, 20____