



Houghton Mifflin Harcourt

MODEL RELEASE FORM

Name: (Please print legibly)		Date:	
Street:			
City:		State:	Zip:
Phone:			
DOB (optional for adults):		Male <input type="checkbox"/>	Female <input type="checkbox"/>

Do not complete shaded area. This is completed by HMH.

Photographer /Videographer:		Stylist:	
Project or Book Title:		Grade:	
Spec and/or Description:			

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Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED IF MODEL IS UNDER 18 YEARS OF AGE: I state that I am the parent/guardian of the person(s) whose name(s) appear(s) above. I have read this release and authorization before signing, and understand and approve its provisions. My signature below is in lieu of signature by the below-named individual(s).

Name of Parent or Guardian:(Please Print) _____

Name of Child:(Please Print) _____

Signature: _____ Date: _____