



CONSENT TO HAVE PHOTOGRAPH TAKEN

Date: _____
Re: _____
DOB: _____

I authorize _____ Westside Regional Center staff to take my/ son/daughter's,
_____ photograph and keep it in my/his/her file at Westside Regional Center.

This photograph shall not be reproduced or shown to anyone other than Regional Center staff without my express permission. I do agree to allow the photograph to be shown to and used by police or other peace officer to assist in locating my son/daughter/conservatee should I/he/she become missing. The photograph is confidential consumer information and shall not be shown except in accordance with the provisions of Welfare and Institutions Code Section 4514.

Date: _____

Consumer

Or

Parent of a Minor,
Guardian, Conservator