



# ZETA PHI BETA SORORITY, INCORPORATED AND AUXILIARIES

## PHOTO RELEASE FORM

Chapter/Auxiliary Name Lambda Gamma Zeta Chapter  
City, State, Zip Howard County, MD  
Activity Subject W. Ruth Conway Scholarship  
Activity Location General

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I hereby certify that I am a parent or guardian of \_\_\_\_\_, named above,  
and hereby agree to the foregoing on behalf of this person.

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(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)