

# Suomi-koulu, Los Angeles, Inc.

P.O BOX 7646, Santa Monica, CA 90406

## PHOTO RELEASE

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

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Student(s) Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Parent or Guardian if student is a minor

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