



REDMOND  
speech & language

**PHOTOGRAPH/VIDEO/VOICE RECORDING RELEASE FORM**

I authorize Redmond Speech & Language: Total Communication Services, LLC to use videos/photos/voice recordings of me/my child for publicity purposes.

**I Give Redmond Speech & Language Permission to:**

Take videos/photos/voice recordings for publicity purposes	Yes	No
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Signature of Patient/Legal Representative of Child

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Date