



Saskatchewan Academic Health Sciences Network

Photo Permission Form

By signing below, I grant permission to the Clinical Learning and Interprofessional Practice Unit to post the submitted photo of me on the Preceptor Education and Support in Saskatchewan website at www.saskpreceptors.ca. I understand and acknowledge that the website is in the public domain and accessed worldwide.

Please sign and print your name to state that you agree to the above terms and conditions.

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Signature: _____
Date: _____
Photo Location: _____
Permission to list your first name and location of picture on the website: <input type="checkbox"/> Yes <input type="checkbox"/> No

Name (please print): _____
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*Permission forms can be signed and emailed to e.jones@usask.ca. Please submit all permission forms with the photo file as one email submission. Each person in the photo must sign the photo permission form. Please use additional forms if needed.