



IMAGE ACCESS REQUEST FORM

Shutterfly Lifetouch, LLC (“Lifetouch”) has established the following guidelines for portrait reorders and online access requests to provide protection to the children we photograph. You must provide the information requested below to receive online access information.

Please fully complete the information below.

***Required Field**

Student Information

*Student First and Last Name:

*School or Center Name:

*School or Center City and State:

Teacher’s Name:

*Check the session you need:

*Year

Case Number (optional):

Fall

Spring

Summer

Your information

*Your First and Last Name:

*Email Address:

*Day Phone:

Preferred

Evening Phone:

Preferred

*Mailing Address, City and State:

*Relationship to Child:

Certification

By typing my name below and emailing this form to Lifetouch, I certify that I am the parent or legal guardian and I have the legal right to receive portraits of the student named above, whether the portraits order is placed by mail, email, telephone or online. I will indemnify, defend and hold harmless Lifetouch, its affiliated companies, directors, officers, employees and representative from any claim or demand (including costs, expenses and reasonable attorney fees) arising out of, or relating to, printing or delivering portraits or an online access code.

*Today’s Date:

*Your Signature

*Print Your First and Last Name

Please email the completed document to preschoolclix@lifetouch.com to receive your access information.

***This email is monitored only for this purpose.
Please contact us at preschoolsmiles.com/contactus if you have questions or concerns.***