

PERSONAL IMAGE USE

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IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Appendix A: _____
(Name of event, project, and/or location)

Date Signature

CONTACT INFORMATION

Phone Printed Name

Email Address Street Address

City, State, Zip

If under 19, signature of parent/guardian: _____

Printed name of parent/guardian: _____

FACULTY/STAFF

College: _____

Department: _____

Title: _____

Gender: Male Female

STUDENTS

Hometown: _____

College: _____

Major: _____

Class: Fr. Soph. Jr. Sr. Grad. Student Visitor

Gender: Male Female

Greek organization: _____

PLEASE PRINT LAST NAME WITH MARKER IN THIS SPACE