

High School: _____

ON CAMERA RELEASE FORM

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I also consent to the use of any printed matter in conjunction therewith. Images and video may be stored in print or digital form either in secure files, servers or web based cloud servers.

I hereby waive any right that I may have to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

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Information Release

I certify that the information given in this application is correct. I hereby give permission to the Office of Marketing and Creative Services to check my academic and disciplinary records and I understand that this information will only be used in the selection process for students to be profiled in newsletters or otherwise featured in other publications and ads.

Please check one of the boxes below:

I hereby warrant that I am eighteen (18) years of age or older and have the right to contract my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

I hereby warrant that I am the parent or legal guardian of the minor child appearing on camera and have the right to contract their name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

SIGNATURE _____ PRINTED NAME _____ DATE _____

NAME OF STUDENT IF PARENT OR LEGAL GUARDIAN IS SIGNING FOR THEM _____

PHONE _____ EMAIL _____

Freshman Sophomore Junior Senior Graduate Faculty/Staff/Other

FOR ADELPHI UNIVERSITY: _____

