ON CAMERA RELEASE FORM

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Information Release

I certify that the information given in this document is accurate. I hereby give permission to the Office of University Communications and Marketing to verify my academic and disciplinary records and I understand that this information will only be used in the selection process for individuals to be profiled in newsletters or otherwise featured in other publications and ads.

Please check one of the boxes below:

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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 tha	t I have read the	above authoriz	ation, release and a	greement, prior to its execution	١,
and that I am fu	ılly familiar with t	he contents the	ereof.			
☐ I hereby war	rant that I am the	parent or legal	guardian of the	minor child appear	ing on camera and have the rig	ht
to contract thei	ir name in the ab	ove regard. I sta	ite further that I	have read the abov	e authorization, release and	
agreement, prid	or to its execution	n, and that I am	fully familiar wit	h the contents ther	eof.	
SIGNATURE		PRINT	ΓED NAME	DATE		
NAME OF STUDE!	NT IF PARENT OR LI	EGAL GUARDIAN I	S SIGNING FOR TH	HEM		
PHONE EMAIL						
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