



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: _____ Location: _____
(Name of event or project)

Signature: _____ Date: _____

CONTACT INFORMATION

Printed Name:
Street Address:
City, State, Zip:
Phone:
Email Address:

FACULTY/STAFF	STUDENTS
College:	Hometown:
Department:	College:
Title:	Major:
	Class: <input type="checkbox"/> Fr. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Grad. Student <input type="checkbox"/> Visitor

PLEASE PRINT LAST NAME WITH MARKER IN THIS SPACE