

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	STUDENTS
College: _____	Hometown: _____
Department: _____	College: _____
Title: _____	Major: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	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
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Greek organization: _____

PLEASE PRINT LAST NAME WITH MARKER IN THIS SPACE