I authorize Wayne State University photographers to capture and use my image in one or more photographs for promotional purposes. These purposes may include publications, advertisements, billboards and the Web. I understand that I may not be identified along with the photograph and that the photograph may or may not be used. The communication(s) will promote Wayne State University to various audiences. I hereby release Wayne State University from any and all claims and demands arising out of or in connection with the use of such photograph or photographs.

Name*_________________________ Email*_________________________
Major*_______________________ Year of graduation _____________
Phone number*________________ AccessID____________________
Signature*_____________________ Date ________________________

Name*_________________________ Email*_________________________
Discipline*____________________ Department______________
Phone number*________________ AccessID____________________
Signature*_____________________ Date ________________________

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DATE: OFFICE USE ONLY
Photographer _________________ Purpose _______________________

DATE: OFFICE USE ONLY
Photographer _________________ Purpose _______________________

Notes: