Photo Release Form

I hereby

☐ grant
☐ do not grant

the Pennsylvania State University the right to use, reproduce and publish photographs of me, including my image and likeness as depicted therein, for any purpose without compensation or any other consideration.

Signature* Date*

Printed Name*

If the person named above is under the age of 18 years, I hereby certify that I am the parent or legal guardian of the person named above.

Parent/Guardian’s Signature Date

Parent/Guardian’s Printed Name

*-Required

Please return completed form to:
Lisa Kassab
Human Resource Assistant
N-307A Millennium Science Complex
University Park PA 16802

For Office Use Only:  ☐ PSIEE  ☐ MRI  ☐ SIRO

06/23/2011