

Photograph Release Form

I authorize Wheeling University to use my likeness, without charge, for promotional purposes in University publications, advertising, video, web pages, and in any other format used for promotional materials.

Date: _____

Printed Name: _____

Street Address: _____

City: _____

State: _____ ZIP: _____

Phone Number: _____

Affiliation: Student Employee Faculty Other

Class: FR SO JR SR GR Department/Other: _____

Signature: _____

If you are under 18 years of age, a parent or guardian must sign this form as well.

Parent's Printed Name: _____

Parent's Signature: _____

This section is for University use only.

Date Submitted: _____

Date Taken: _____

Photographer: _____

Location/Description: