



Photo Release Form

I hereby grant to 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*

Street Address

City

State

Zip

Phone Number

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, and do hereby give my consent without reservation.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

*-Required

Please return completed form to:
Tina O'Hara
204 MRL Building
University Park, PA 16802