

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Tennessee State University and those acting in pursuant to its authority to:

- . (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- . (b) Use my name in connection with these recordings.
- . (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name:	
Address:	Street
	City State ZIP
Phone:	Signature:
Date:	
Parent/Guardian Signature (if under 18):	Date: