

PHOTOGRAPH CONSENT AND RELEASE

I, (*print name*) _____, hereby consent and grant permission to the Board of Trustees of Southern Illinois University Edwardsville, its employees, and representatives (Collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of me and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to publish any photograph images from my study abroad/travel study program that I voluntarily provide to SIUE faculty or staff for promotional, marketing, or educational purposes in any form. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions. I waive any privilege to inspect such images prior to publication, and I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE (*check one*) _____ **may** _____ **may not** use my name and identity in connection with the image.

Date

Signature

Address

City, State, Zip