



## Photography Release Form

I hereby give my consent that the photographs/video taken of me may be reproduced in advertising, publications, promotional email campaigns, websites, and other materials or media for The Pennsylvania State University College of Agricultural Sciences.

In giving this consent, I release the photographer, The Pennsylvania State University, and the College of Agricultural Sciences from responsibility for any violation of personal or proprietary rights I may have in connection with this use.

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Name of Model (please print)

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Signature

Date

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Parent Signature (if model is a minor)

Date

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Current Address

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City

State

Zip Code

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Home Address (if different from Current Address)

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City

State

Zip Code

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Email Address

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Home Phone

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Description of Photo/Video

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