



University Libraries

## Media Release Form

Event:	Date:
Venue:	Recorder:

### AUTHORIZATION AND RELEASE

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I consent to the use by UL, and those acting with permission and authority of UL, of all photographs, video, or other images or recordings that UL has taken of me or in which I may be included, for all purposes, in any and all media including the Internet and the University Libraries Digital Repository (ULDR), without limitation.

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Print Name(Media Subject):	
Signature:	Date:
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University Libraries

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