

# Photo Identification Form

PLEASE PRINT CLEARLY

Do not write  
in this space

Date \_\_\_\_\_ Date of employment \_\_\_\_\_  New  Update

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Name preferred \_\_\_\_\_ Academic rank/title \_\_\_\_\_  
(example: Michael James Smith = Mike)

Department or division \_\_\_\_\_

Campus box \_\_\_\_\_ Campus phone \_\_\_\_\_ Office location and room no. \_\_\_\_\_

E-mail address \_\_\_\_\_

MTSU alum:  Yes  No

Photographer choose image

Client choose image

## Model Release

Intending to be legally bound, I do hereby willingly grant and irrevocably consent to and authorize Middle Tennessee State University, its related entities, including without limitation, centers, and institutes and the respective officers, employees and agents ("University"), the right and permission to photograph, film, video-tape, record, publish, re-publish, broadcast, re-broadcast, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image/likeness or voice in media or technology now known or hereafter developed in connection with any product or service in any campaign or promotion in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. I also authorize MTSU to include in such publications the information that I disclosed in my responses to the Questionnaire that I completed for this project.

I understand that I will receive no compensation for this agreement. I hereby assign any copyright or other proprietary interest which I might assert in my participation in the project to University. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit.

**Please indicate your agreement to the foregoing by signing below.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**If you are under eighteen (18) years of age, your parent or guardian must sign below.**

I represent that I am a parent/guardian of the minor who has signed the above release and, in that capacity, I give the University my consent and authorization to use the name, voice, and/or likeness as described above.

Parent/Guardian (Specify relationship) \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_