Photo Release / Media Consent Form

I, (print name) _____ , hereby give my consent for my image/likeness to be utilized by East Central University for recruitment, retention, public relations and/or other promotional efforts.

I also grant ECU permission and authority to use my image/likeness (either whole or in part) for ECU-controlled digital/electronic media including audio/video recordings, still photography, the website, social media and/or internal/external information releases. Participant's image/likeness will be utilized professionally and appropriately by ECU and may include reproductions in educational, instructional, promotional and/or institutional advancement materials that support ECU's educational and outreach activities.

Please choose ONE of the following:

Student

Alumni

Faculty/Employee

Other

Participant's Hometown

Participant's Grade Level (if applicable)

Participant's Major (if applicable)

Participant's Degree/Graduation Y car (if applicable)

Participant's Contact (phone/email)

Participant's Signature (required)

Date of Consent (required)

FOR INTERNAL USE ONLY: Purpose of Image/Likeness

Person Capturing Image/Likeness _____ _