



University Relations Office Photography/Video Release Form

The person(s) whose signature appears below agrees to allow his or her photograph(s)/video to be taken and used for purposes related to publicity and promotion at Kutztown University. The means may include promotional materials, advertisements/publication in newspapers, and publication by electronic means. The photos will be taken solely for publicity and promotion related to university programs, and KU agrees that it will not distribute the photographs to third parties for any other purposes.

I understand and agree to these terms:

Today's Date

Program/Event

Signature

Please Print Your Name

Graduation Year

Signature

Please Print Your Name

Graduation Year

Signature

Please Print Your Name

Graduation Year

Signature

Please Print Your Name

Graduation Year

Signature

Please Print Your Name

Graduation Year