University of New Haven

PHOTOGRAPHIC/VIDEO RELEASE FORM

Date: _____

Location: _____

The undersigned applicant authorize(s) the University to publish or have published on its behalf for public relations purposes: photos, videos, and other likenesses of the applicant, the applicant's voice, and/or the applicant's name, hometown, major, honors, sports, and other activities (whether in print or electronically, including but not limited to use in social media, on websites, and by any other means now known or hereafter developed), at any time after the University issues an offer of admission to the applicant. The applicant may rescind this publicity authorization (or any part of it) by notifying the University's Office of Marketing & Communications in writing at any time. Upon receipt of such notice, the University will promptly cease all future publicity uses of the rescinded subject matter, but shall not be required to remove any such subject matter from any previously published materials.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name/signature: _____

Address: _____

If under 18 years of age, please have a parent or guardian sign.

Parent/Guardian Name: _____

Parent/Guardian signature: _____

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University of New Haven • Office of Marketing & Communications
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