



MEDIA AUTHORIZATION FORM

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I hereby release the University of Nebraska, its components, campuses and its Regents, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability related to its use of said photographs.

I recognize by signing below, I waive any right to royalties or other compensation arising from or related to the use of the photo and/or video. My signature below also grants the University of Nebraska the use of my image for seven years from the date on this form.

Name of event, project, and/or location

Date

Student Signature or parent/guardian if age 18 or under

STUDENT INFORMATION:

Phone

Printed Name

Current AND Permanent Address (City, State, Zip)

Email Address

NUID

REQUESTOR:	Other information:
_____ Name/Department/Title	
_____ Contact Information	