

**Lesley University →** Office of Communications and Marketing 29 Everett Street, Cambridge, MA 02138 marketing@lesley.edu • lesley.edu

## Visual/Audio Release Form

Images are protected under copyright of Lesley University.

Location

Date of Shoot

Email completed form to marketing@lesley.edu

I hereby grant permission to Lesley University to use my image, representations of my audio and/or visual works and my verbal and written statements for promotional purposes in University publications, advertising, video, web, social media, or other formats. The images may be used now or in the future. I understand that I waive any right to inspect or approve the finished images/footage or any printed or electronic materials and that Lesley University does not owe me any compensation for their use.

| First Name   | Last Name                           |                                      | Signature  |
|--|-------------------------------------|--------------------------------------|--|
|  |                                     |                                      |  |
|  |                                     |                                      |  |
| Email  | Phone                               | Date                                 | Program/Year of Graduation                                     |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
| First Name   | Last Name                           |                                      | Signature  |
|  | 2401.14.11.0                        |                                      | o.g. idea. c   |
|  |                                     | <b>-</b> .                           |  |
| Email  | Phone                               | Date                                 | Program/Year of Graduation                                     |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
| First Name   | Last Name                           |                                      | Signature  |
|  |                                     |                                      |  |
| Email  | Phone                               | Date                                 | Program/Year of Graduation                                     |
| Email  | Filone                              | Date                                 | Flogram/Tear of Graduation                                     |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
| First Name   | Last Name                           |                                      | Signature  |
|  |                                     |                                      |  |
| Email  | Phone                               | Date                                 | Program/Year of Graduation                                     |
| Linan  | Thone                               | Date                                 | riogram, rear or oraduation                                    |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
|  |                                     |                                      |  |
| First Name   | Last Name                           |                                      | Signature  |
|  |                                     |                                      |  |
| <br>Email  | Phone                               | Date                                 | Program/Year of Graduation                                     |
|  |                                     |                                      |  |
| Ry signing above, you acknowledge that you are 18 years of age o | or older and have read and understa | and the terms of this release. The H | niversity will not sell photo/video footage to any third party |

☐ Photography ☐ Videography

For Internal Use Only