

PHOTO RELEASE FORM

5500 University Parkway
San Bernardino, CA 92407
Telephone: (909) 537-5975
Fax: (909) 537-5907
Website:
http://global.csusb.edu

I, _____ (student Name), give the College of Extended Learning and Study Abroad Programs at California State University, San Bernardino full and binding permission to:

- 1) Utilize the photographic image(s) and video(s) taken of me for the representation, publicity and/or promotional publications in the Extended University Annual Report, Website and/or other promotional publications and/or any social media applications as they so choose.
- 2) Use my name in connection therewith as they so choose.
- 3) Utilize my written or spoken comments regarding their program and my experience in the program as they so choose.
- 4) Use the picture(s) that I have taken to use for publication purposes, and do not expect to be compensated for the photograph(s).

Initial _____ I release California State University, San Bernardino and the College of Extended Learning from any claims and/or demands arising from the use of my name, written or spoken comments and the photographic images and videos that they have taken of me or my family, or that I have taken. I am over the age of 18. I have read the foregoing and fully understand the contents thereof.

OR

Initial _____ I do not consent to any of the above mentioned.

Student name (please print) _____

Student signature _____ Date _____