



## East Central University Alumni Relations Media/Photo/Writing Release Form

I, (Print Name) \_\_\_\_\_,  
hereby give consent for my image(s) and likeness to be used by officials employed in/by the East Central University Alumni Relations office in its public relations and/or promotional efforts.

I further authorize the East Central University Alumni Relations office to use electronic media and/or photographs in any manner, either whole or in part.

This waiver includes usage of electronic media and/or photographs in any way deemed appropriate, which may include electronic and photographic reproductions in educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of East Central University.

Authorization is also given for the usage of any original writing presented to the Alumni Relations office for public relations and/or promotional efforts.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print):

Participant Name: \_\_\_\_\_  
(Person in Photo to be used)

Participant Birth Date (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If 18 years or older)

Please mail completed form to: 1100 E. 14<sup>th</sup> Street, PMB Y-8, Ada, OK 74820  
or fax to: 580-332-3042 attn: Alumni Relations Office

### For Office Use Only:

	Date/Initial
Date Form Received	
Date Form Scanned	
RE Update	
Social Media Update	

	Date/Initial
Date Photo Received	
Date Photo Scanned	
Columns Update	
Legacy Excel Update	