



SMUSM

Office of Public Affairs

CONSENT FOR PUBLICATION OF PHOTOGRAPH

I hereby give SMU and its employees the absolute right and permission to publish, at any time in the future, photographs, videotapes, or other media containing my likeness or in which I may be included in whole or part, with or without my name, for any editorial, promotional, advertising, Web/Internet, or trade purposes of Southern Methodist University. I hereby waive any right I may have to inspect and/or approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied. I release SMU and its trustees, officers, employees, and representatives from any liability whatsoever by virtue of any form of optical, compositional, or composite distortion that may occur while taking, processing, composing, editing, reproducing, publishing, or displaying said photographs or images. I am at least 18 years of age.

NAME _____ DATE _____

ADDRESS _____

TELEPHONE _____

SIGNATURE _____

FOR OFFICE USE ONLY	
PHOTOGRAPHER _____	DATE _____
PUBLICATION _____	LOCATION _____



SMUSM

Office of Public Affairs

CONSENT FOR PUBLICATION OF PHOTOGRAPH

I hereby give SMU and its employees the absolute right and permission to publish, at any time in the future, photographs, videotapes, or other media containing my likeness or in which I may be included in whole or part, with or without my name, for any editorial, promotional, advertising, Web/Internet, or trade purposes of Southern Methodist University. I hereby waive any right I may have to inspect and/or approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied. I release SMU and its trustees, officers, employees, and representatives from any liability whatsoever by virtue of any form of optical, compositional, or composite distortion that may occur while taking, processing, composing, editing, reproducing, publishing, or displaying said photographs or images. I am at least 18 years of age.

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

NAME (PRINT) _____ DATE _____

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

FOR OFFICE USE ONLY
PHOTOGRAPHER _____
DATE _____
PUBLICATION _____
LOCATION _____