

PHOTO/VIDEO/INTERVIEW RELEASE FORM

I, (please print your name)	, give Tiffin University
the absolute right and permission to use my photograph, video, interview, sp	peech, likeness, name, or other personal
information in its promotional materials and publicity efforts. I understand the	hat the material may be used and/or edited
for use in a publication, print ad, direct-mail piece, electronic media (e.g. vide	eo, social media, Internet) or other form of
promotion that now exists or may exist in the future. I understand and agree	e that any media collected by Tiffin
University shall be their property. I release the University, the photographer,	, the videographer, their offices, employees,
agents and designees of Tiffin University from liability for any violation of any	y personal or proprietary right I may have in
connection with such use. I also acknowledge that since my participation in s	such promotion is voluntary, I will receive no
financial compensation. I represent that I am 18 years of age or older and ha	ve the legal capacity to sign this agreement.

Signature	
Graduating Class	
Address	
City, State, Zip	
Phone	
Date	

Parental Signature (if under 18)