



**IONA COLLEGE**  
**OPT OUT OF PHOTOGRAPH RELEASE-EMPLOYEE**

I **do not** authorize Iona College, its officers, faculty, employees or agents, to record photographs or other portraits or likenesses of \_\_\_\_\_ on videotape, audiotape, film, photograph or any other medium or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose.

Further, I **do not** consent to the use of \_\_\_\_\_'s name, voice or biographical material in connection with any such recording.

I hereby warrant that I am legally of full age (18) and have every right to contract in my own name in the above regard. I state further that I have read the above opt out provision and am familiar with the contents thereof.

I hereby warrant that I am the Parent/Guardian of the employee named above. I state further that I have read the above opt out provision and am familiar with the contents thereof.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Parent/ Guardian (if employee is under 18): \_\_\_\_\_

Signature of Parent/Guardian (if employee is under 18): \_\_\_\_\_