



IONA COLLEGE
OPT OUT OF PHOTOGRAPH RELEASE-STUDENT

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 student named above. I state further that I have read the above opt out provision and am familiar with the contents thereof.

Date: _____

Student Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____

Name of Parent/ Guardian (if student is under 18): _____

Signature of Parent/Guardian (if student is under 18): _____