Photo Release Form

Name of Event __________________________ Date __________________

College of Information Studies
University of Maryland, College Park

I give the College of Information Studies at the University of Maryland, College Park, permission to use my name and photographic likeness in all forms of print, electronic, and video formats.

I release all claims against the College with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

Your Name (Please print) ________________________________________________________________

(Check One)  [ ] Faculty, lecturer
[ ] Staff
[ ] Student
[ ] Guest

Your Signature ____________________________________________

Date ____________________

Guidelines: In cases where photographs involving individuals are staged to appear in a newspaper, newsletter, magazine, or other print media outlet; in an electronic format such as on a CD or a website; or where photographs are intended to illustrate an advertisement, signed photographic release forms, sometimes called "models release forms," must be obtained prior to publication. Photographic release forms are not required for photography of spontaneous news events or for photographs of individuals on commonly accessible public property, such as a park or a public street.