

FACULTY/STAFF PHOTO/VIDEO RELEASE FORM

I hereby grant Howard Payne University the right to use photographs and/or video recordings taken of me by agents or employees of the university for educational, promotional or advertising purposes related to the university. This permission includes, without limitation, the right to reproduce these images and/or video in the university's various printed publications, displays, electronic/online media, broadcast opportunities and other means, where applicable.

I understand that all photos and/or video recordings taken are without compensation to me, the undersigned, and are the property of Howard Payne University.

I hereby acknowledge that I have read and understand the terms of this release form.

NAME (PRINTED)	SIGNATURE		DATE
PERMANENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE	E-MAIL	

LOCAL NEWSPAPER (IF RESIDENCE IS OUTSIDE BROWNWOOD/EARLY)