

Indiana University Kokomo  
Office of Communications and Marketing  
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Model Release Form

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I hereby consent to being photographed by agents, employees, or representatives of Indiana University and to the use of the photograph(s) in all forms and media for advertising, publicity, and other promotional purposes by Indiana University. I consent to the use of my name and professional title, and the name of my employer and/or degree/program. I waive any right to inspect or approve the finished product, including written copy, wherein my photograph(s) appears, and waive all claims for compensation for such use or for damages.

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Year Degree received: \_\_\_\_\_ Major: \_\_\_\_\_

Employer and job title: \_\_\_\_\_

Signature of parent or guardian if signing for a minor child:

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Witness: \_\_\_\_\_

OCM notes: \_\_\_\_\_

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