



**AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION
FOR MARKETING, MEDIA, OR PUBLIC INFORMATION**

I, _____, [print name] hereby authorize Doane College to make any lawful use of my visual image, words or voice taken or recorded on _____ for one or more of the reasons/purposes described below:

- Media story or event
- Public relations
- Marketing materials
- Advertising
- Newsletters/Magazines
- Web site
- Photographs or recordings
- Brochures
- Other _____

In signing this release, I waive any rights now and in the future, to inspect and/or approve any finished product incorporating my words, voice, visual image, or name. I also, specifically release and discharge Doane College, its successors, clients and/or assigns, from any and all claims of any nature arising out of the use of my words, voice, visual image, or name. I am of legal age, 19 years or over, or married, and can legally sign this release.

Signature _____ Date _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ E-Mail _____

Parent/Guardian (if minor) _____ Date _____

Witness _____ Date _____