



Photo Release Form — Adult

I grant permission to use my photograph in print or online materials designed for news, informational or educational purposes related to the University of Wisconsin-Madison.

Print Name _____

Address _____

Phone _____

Signature _____ Date _____

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Photo Release Form — Minor

I grant permission to use photographs of my minor child in print or online materials designed for news, informational or educational purposes related to the University of Wisconsin-Madison.

Child's name _____

Print parent or guardian name _____

Address _____

Phone _____

Signature _____ Date _____