Photography, Video and/or Testimonial Subject Release Form

________________________________, NAME (please print)
I hereby grant permission for my photograph(s) and/or testimonial(s) in whole or in part to be used by Northern Arizona University, with all rights for use assigned to them. I understand that I will not receive any compensation, now or in the future, for the use of said photograph(s), video(s), or testimonial(s).

Signed ________________________________ Date ________________

Email address ______________________ Phone Number (optional) ________________

More About You…

Major ____________________ Year in School ______________________

Hometown __________________

1. Why did you decide to attend NAU?
2. What do you like most about NAU?

3. What are you studying (major) and what do you like about the field?

4. How have faculty/internships/research prepared you for the real world?

5. If you live on campus, what are the benefits?

6. What matters to you?

7. Is there anything else you’d like to add?