



NORTHERN  
ARIZONA  
UNIVERSITY

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**University Marketing**

## 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 \_\_\_\_\_  
(parent's signature if under 18)

Email address \_\_\_\_\_ Phone Number (optional) \_\_\_\_\_

### More About You...

Major \_\_\_\_\_ Year in School \_\_\_\_\_

Hometown \_\_\_\_\_

1. Why did you decide to attend NAU?

