



Photo/Videotape Release and Consent Form

I, (Print Name) _____,
certify that my signature being affixed below on this release and consent form gives permission to officials employed in the **Offices of Communications and Marketing** and/or **Creative Services** at Norfolk State University the full right to use my photograph(s) and/or videotaped image(s) and sound byte(s) in its recruitment, public relations, and promotional efforts. I willingly agreed to have my photograph(s), videotaped image(s), sound byte(s) taken knowing that it could be used in various publications and/or broadcasts in the Commonwealth of Virginia and/or throughout the United States.

Signature *Date*

Telephone Number: _____ *Email Address:* _____