



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 Computer Science Department 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 agree 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

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