

BOWLING GREEN STATE UNIVERSITY

Office of Marketing & Communications

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Release of Information

Date:Major:		
Name:		
Home address:		
City:	State:	Zip:
Home phone number: ()		
Parent(s) name(s):		
Parent(s) address:		
High school:	Year graduated:	
Hometown newspaper:		
I hereby authorize the release of information may be used by BGSU media (newspapers, television, radio, etc responsibility in this manner. (Indicate each situation for which per ☐ still photographs	for internal and external co c.). I release Bowling Gree	Name ommunications and/or with
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☐ motion picture film☐ other	☐ statements regarding my	activities
I also authorize use of such film, recording as to time for: commercial/noncommercial educations educational/commercial television and Bowling Green State University publications scientific and/or medical publications	nal publications nd radio ications, advertising and W	
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Witness	Date	