

SUNY College at Oneonta Alumni Association, Inc.
Photo Release Form

I, the undersigned, hereby agree to give the SUNY College at Oneonta Alumni Association, Inc., permission to publish or use in electronic media any photographic images in which

_____ (print child's name) may be included.

I hereby waive any right that I may have to inspect and/or approve the finished photographic product.

Signature: _____

Age: _____ Date: _____ Phone: _____

Signature of Parent or Guardian: _____

Should you have any questions, please contact the Office of Alumni Affairs at (607) 436-2526.

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