

Lafayette College Film & Media Studies Program

Standard Release Form

Date: _____

Project: _____

Project Director: _____

I hereby consent to any recording of myself on digital video, audio, film or photography by Lafayette College's Film & Media Studies (FAMS) program for use in connection with the above stated project. I authorize the use of such recordings for any proper and legitimate purposes by FAMS at Lafayette College.

I acknowledge Lafayette College's Film & Media Studies program's ownership of the project, and further agree that you may use my name, likeness, and relevant biographical information as part of the above stated project. I warrant and represent that all opinions and materials furnished by me are my own or for which I have full authority for such purposes.

Signature

Date

Name (please print)

Street Address

City, State, Zip

Phone

email