

Western Illinois University MODEL RELEASE FORM



I, _____, do hereby give Western Illinois University its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, and/or video image in all forms and media (including the Internet) by Western Illinois University, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am an adult. I have read this release and am fully familiar with its contents.

Model Signature: _____

Local Address: _____

Phone Number: _____

Email: _____

Major: _____

Year in School: _____

Have you ever been convicted of a felony, misdemeanor or ordinance violation?

YES _____ NO _____

If yes, please provide the following:

Charge you were convicted of: _____

County and State the case was in: _____

Year of the case: _____

Brief description of the facts of the case. ** _____

** This information is kept confidential; however, if you have been convicted of any of the above mentioned, the University reserves the right to not use your image and name as a featured profile student.

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