# Media Release Form

**Printed Name** (Please Write Legibly)  

**Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th>Preferred Email Or Phone #</th>
</tr>
</thead>
</table>

**Additional Information:**

**Address:**

**City**  

**State**  

**Zip**

**Faculty**  

**Staff**  

**Non-UAA**

**Student Class:**  

Fr  

So  

Jr  

Sr  

Grad  

**Major**

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## Under 18/Legal Guardian Authorization

**Printed Name Of Parent/Legal Guardian:**

**Signature Of Parent/Legal Guardian:**

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*By signing this form you agree to the following terms.*

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