



CENTENARY COLLEGE

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Office of Publications

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Centenary College Student/Faculty/Staff/Visitor - Photograph Release Form

By signing this photograph release form, I hereby authorize Centenary College, when taking my photograph, to use the photograph or photographs for college-related purposes including but not limited to the following uses:

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In addition, I understand that once the photograph(s) are taken and developed, they become the property of Centenary College. I also represent that this form has been explained verbally to me by an agent of Centenary College.

Name of Student/Faculty /Staff/Visitor (Please print)

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(Signature)

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Date