



# SUFFOLK UNIVERSITY BOSTON

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## MEDIA RELEASE FORM

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Institutional Affiliation (student/faculty/staff/guest): \_\_\_\_\_

Description of the Program/Activity: \_\_\_\_\_

Date of Program/Activity: \_\_\_\_\_ Location of Program/Activity: \_\_\_\_\_

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Consent (if participant is under 18)

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve and waive any rights in this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send copies of signed releases to the Office of Marketing & Communications.*