



## TESTIMONIAL / IMAGE RELEASE FORM

I hereby give permission to Seton Hall University, including its partners, agents and consultants, to use my written or verbal statements, photographs, digital recordings, and/or video imagery for use in relation to projects regarding the University.

Seton Hall University will have unlimited usage rights of said written or verbal statements, photographs, recordings and/or video for purposes related to the University.

I hereby release and discharge the writing, publishing and distribution entities and/or the University and/or its photographer/videographer from any and all claims and demands arising out of or in connection with the use of the written or verbal statements, photographs, digital recordings, and/or video.

Name (print)	
Signature (if a minor, a parent or guardian needs to sign)	
Email address (optional)	
Photographer's Name	
Date	

*All inquiries related to this release form should be directed to the Department of Public Relations and Marketing, (973) 378-9834.*

