



SPNSS Yearbook Photo Release Form

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Your Information:

Name: _____

NSID: _____

Program (please circle): Pharmacy or Nutrition

SPNSS Member (please circle): Yes or No

About the Yearbook:

It shall be understood that upon signing this form, you are giving consent to the SPNSS to use photos of you for the duration of your degree in this College. You only need to fill this out once. If your preferences change at any time, it is your responsibility to let the SPNSS Yearbook Editors know.

The SPNSS Yearbook Editors have permission to use photos of me taken by the SPNSS Photographer in the Yearbook.

- Yes, photos of me taken by the SPNSS Photographer can be used.
- No, please don't use photos of me taken by the SPNSS photographer.

The Yearbook Editors have permission to print my name in the Yearbook under my headshot on the class composite pages.

- Yes, please use my name.
- No, please do not publish my name.

Signature: _____

Date: _____