

MODEL RELEASE

Photo Tracking Number (UR use only) _____



PRINTED NAME
(please write legibly)

E-MAIL _____

SIGNATURE* _____

DATE _____

ADDRESS _____

PHONE _____

CITY _____

STATE _____

ZIP _____

SIGNATURE OF PARENT OR GUARDIAN (IF MINOR)* _____

CLASS FR SO JR SR GRAD FAC STAFF _____

MAJOR _____

UNIVERSITY OF ALASKA FAIRBANKS

*BY SIGNING THIS FORM, YOU AGREE TO THE TERMS ON THE BACK (SEE REVERSE SIDE FOR DETAILS)

04/06

Description _____

DETAILS



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