UCONN

PROGRAM IN APPLIED
PUBLIC HEALTH SCIENCES

Photo Consent and Release Form

I, the undersigned, give the University of Connecticut, Department of Public Health Sciences, and the Program in Applied Public Health Sciences, permission to use any photographs taken of me for publicity purposes in any exhibit or printed material, as well as online (website), now or in the future.

_____

Signature

_____

Name (please print)

_____

Date

263 Farmington Ave, MC 6325
Farmington, CT 06030-6325

Tel:860-679-5470
Fax:860-679-1581