



MEDIA RELEASE FORM

Date: _____

Media Outlet/Representative: Alabama College of Osteopathic Medicine & Southeast Alabama Medical Center (Communications/Public Relations/Marketing)

ACOM/Other Representative: Student Services Division/ACOM SGA/ACOM Clubs

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (Home) _____ **(Cell):** _____

Purpose of Photograph: ACOM Student Life Event

I, _____, DO hereby give the above named media outlet representative my permission to photograph/videotape my person for the aforementioned purpose.

I, _____, DO NOT hereby give the above named media outlet representative my permission to photograph/videotape my person for the aforementioned purpose.

I understand that the photographs/video footage may be used for broadcast, publication or public relations purposes.

Signature: _____

Witness: _____