

Media Release (Students)

Loma Linda University School of Allied Health Professions

Date _____

I, _____a student of the _____SAHP program, Print Student Name SAHP Program
boreby grapt my permission for the School of Allied Health Professions Deap's Office

hereby grant my permission for the School of Allied Health Professions Dean's Office at Loma Linda University to the following:

To capture and publish any school authorized media of me for the purpose of student activity, University/school promotion, research and educational purposes. Additionally, I make no claim for compensation for use of such media that I appear in. Media will become property of the school and may be used in future endeavors.

This agreement can be modified anytime by contacting the Dean's Office.

 $\hfill\square$ I grant permission to the above

 $\hfill\square$ I decline my permission to the above

Student Signature _____

Date _____

Thank you for your willingness to help represent LLU!

For school use below

SAHP Dept _____

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