



Photo/Video Release Form

I agree to appear in the ad/brochure/video/display/web site materials. Lakeview College of Nursing may use the photo/video/etc. for broadcasting, marketing and advertising purposes in any manner, at any time and at any place they choose. Lakeview College of Nursing may use my name, voice and likeness, together with any biographical or other information concerning me in connection with said ad/brochure/video/display/web site materials for marketing, advertising, or any other purpose.

Last Name

First Name

Address *(Not Necessary if Current LCN Student)*

City *(Not Necessary if Current LCN Student)*

State

Zip Code

Phone Number *(Not Necessary if Current LCN Student)*

Signature

Today's Date