



# Photo/Video Release Form

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I agree to appear in ads/brochures/videos/displays/or web site materials. Lakeview College of Nursing may use photos/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 the ad/brochure/video/display/web site materials for marketing, advertising, or any other purpose.

\_\_\_\_\_  
Last Name *(Please Print)*

\_\_\_\_\_  
First Name *(Please Print)*

\_\_\_\_\_  
Address *(Not Necessary if Current LCN Student, Faculty or Staff)*

\_\_\_\_\_  
City *(Not Necessary if Current LCN Student, etc.)*

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number *(Not Necessary if Current LCN Student, Faculty or Staff)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date