



Model release form

- ☐ I hereby grant to Malmö University the absolute right and permission to digitally store and use photographic portraits or pictures of me at Malmö University's webpage, in social media and in printed material by Malmö University alone, or in conjunction with other parties.
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Date:

Signature of model:

Model's Name (Please Print):

Phone number and/or e-mail address:

Signature of Guardian (If the model is under the age of 18) :

Guardian's name (Please Print):