



STANFORD UNIVERSITY LIBRARIES

Photo and Video Release Form

Individual to be photographed or recorded (Releasee):

Name: _____

Address: _____

Email or telephone: _____

Project:

Photographer / videographer : _____

Subject(s): _____

Intended use: _____

Date/time images to be taken: _____

The Releasee hereby consents to participation in the above-referenced project, and grants the photographer/videographer the right to record, edit, use, reproduce, publish and distribute by way of photograph, video, television and all other media (electronic or otherwise) the visual and/or audio likeness of Releasee.

Signature of Releasee:

Date: _____