

State University of New York Press  
**Picture Release Form**

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I hereby consent to have my name and photograph used by State University of New York Press, in books published by it or under its authority, and in advertising and promotion in connection with such use.

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

If the person photographed is under 18, parent or guardian must sign below:

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PERSON PHOTOGRAPHED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_