



Community-Based Learning Program

Video/Photo Release Form
Marshall University Community-Based Learning Program

Course Title/Number: _____

Instructor: _____

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By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

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Signature: _____ Date: _____

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Signature: _____ Date: _____

Print: _____

Please Return to:
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 FX: 304.696.2261
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