



**PHOTO RELEASE**

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**Both the student and a parent/guardian must sign this form.**

**Please return this form prior to Summer College 2009 Check-in.**

Student:

\_\_\_\_\_  
signature date

\_\_\_\_\_  
print name

Parent/Guardian:

\_\_\_\_\_  
signature date

\_\_\_\_\_  
print name

Witnessed by:

\_\_\_\_\_  
signature date

\_\_\_\_\_  
print name

**Please return this form prior to Summer College 2009 Check-in to:**

UD Summer College  
207A Elliott Hall  
Newark, DE 19716-1256