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Western Illinois University MODEL RELEASE FORM

I, _____, do hereby give Western Illinois University its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, and/or video image in all forms and media (including the Internet) by Western Illinois University, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

Model Signature _____
Local Address _____
E-mail Address _____
Major _____
Year in School _____

If under 18, parent/guardian signature required:

Have you ever been convicted of a felony, misdemeanor or ordinance violation.
YES* ____ NO ____

* If the answer is "yes" please provide the following:

Charge you were convicted of: _____
County and State the case was in: _____
Year of the case: _____
Brief description of the facts of the case.** _____

** This information is kept confidential; however, if you have been convicted of any of the above mentioned, the University reserves the right to not use your image and name as a featured profile student.

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