



**Division of Public and College Relations (W32E)  
6375 W. Charleston Blvd., Las Vegas NV 89146  
Tel: 651-7474 - Fax: 651-5933 - E-mail: [publicandcollegerelations@csn.edu](mailto:publicandcollegerelations@csn.edu)**

### **FACULTY & GROUP AUTHORIZATION FOR IMAGE / PUBLICITY RELEASE**

This statement confirms that I, CSN faculty member \_\_\_\_\_ agree to be photographed / videotaped and/or to have my voice recorded, and/or my class of students photographed and/or voice recorded by CSN or by an authorized assignee of CSN for educational purposes or to promote such purposes. If my class is photographed and/or voice recorded, I certify that such students agreed to such authorization and were allowed to opt out if they did not want to participate.

By my signature, I further agree that all rights in such photography, videography, recorded sound or related publicity materials will be the exclusive property of CSN, its authorized vendors / agencies and their respective assigns. I agree this authorization may permit, among other uses, the right and authority to use for trade or other purposes the reproductions of my image and/or voice through the media of photographic prints, digital images, video / film, slides, sound records, radio, television or other media. It also includes my consent to use my name in connection therewith, per my written initials below. I hereby represent that I am of age and have the right to grant authority:

Signature: \_\_\_\_\_ Initial to permit use of name: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Event Location: \_\_\_\_\_ Date: \_\_\_\_\_