



HOWARD  
UNIVERSITY

# Media Consent Form

Office of University Communications

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby grant permission to Howard University and/or  
*Name of Individual/Organization*

representatives of the media to take photographs/motion picture films/videotapes, which could be used in newspapers, magazines, and on television stations and/or in other public forums.

This release Howard University from any liability arising from the use of said photographs and/ or film/ and/or video tapes.

\_\_\_\_\_  
Signature of permission

Permission is hereby granted for \_\_\_\_\_ to photograph me and/or my child.

This will release Howard University from any liability arising from the use of said photographs and/o film/and/or videotapes.

\_\_\_\_\_  
Signature of permission

\_\_\_\_\_  
Printed name of person/parent/guardian

\_\_\_\_\_  
Signature of Witness

