

Photo Release Form — Minor

I grant permission to use photographs of my minor child in print or online materials designed for news, informational or educational purposes related to the University of Wisconsin-Madison.

Child's name _____

Print parent or guardian name _____

Address _____

Phone _____

Signature _____ Date _____

University Communications ■ University of Wisconsin-Madison

500 Lincoln Drive ■ 19 Bascom Hall ■ Madison, WI 53706 ■ 608/262-3571

711 State Street ■ Suite 200 ■ Madison, WI 53703 ■ 608/262-0948

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