



SCHOOL OF NURSING

Photo Model Release Form

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\_\_\_\_\_ grant permission to Purdue University School of Nursing to reproduce photographs taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

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I acknowledge that I am

\_\_\_\_\_ over the age of 18  
\_\_\_\_\_ the legal guardian of above student

\_\_\_\_\_  
Printed guardian name

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

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