# A.T. STILLUNIVERSITY FIRST IN WHOLE PERSON HEALTHCARE 

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## General Release Form for Photography/Videography/Audio Recording

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Subject's Name (Signature)
Date

## Relationship to ATSU



## FOR REQUESTING DEPARTMENT'S COMPLETION

| Description of Session | $\square$ Photography $\quad \square$ Videography | $\square$ Audio |
| :--- | :--- | :--- | :--- |
|  | $\square$ Request for Quote/Statement |  |

Photographer's Name: $\qquad$
Presenting ATSU Representative's Name: $\qquad$

