



CONSENT AND RELEASE FORM

I hereby authorize Northeastern University (Northeastern), and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit, or distribute in any medium (e.g., print publications, video, Internet/World Wide Web, and/or other media formats and platforms) these recordings for any purpose that Northeastern, and those acting pursuant to its authority, deem appropriate.

I release Northeastern University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Northeastern. I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

City State ZIP

Phone: _____ Graduation Year: _____

Email: _____

Signature: _____ Date: _____

Please retain a copy for your records and return the signed original to:

Northeastern University
716 Columbus Avenue, Suite 598
Boston, MA 02120