



---

**PROGRAM IN APPLIED  
PUBLIC HEALTH SCIENCES**

Photo Consent and Release Form

I, the undersigned, give the University of Connecticut, Department of Public Health Sciences, and the Program in Applied Public Health Sciences, permission to use any photographs taken of me for publicity purposes in any exhibit or printed material, as well as online (website), now or in the future.

---

Signature

---

Name (please print)

---

Date

263 Farmington Ave, MC 6325  
Farmington, CT 06030-6325

Tel: 860-679-1503  
Fax: 860-679-1581