



BLESSING-RIEMAN

College of Nursing & Health Sciences

Publicity & Media Release Form

The following form is a Publicity & Media Release Form. By accepting the terms and completing the information, this will allow **Blessing-Rieman College of Nursing & Health Sciences to release your name, video and/or photo to the media, social media or website for special events or activities such as graduation/commencement, being awarded the president's or dean's list for academics, participation in community activities such as blood drives or health fairs, etc.**

I, _____, agree to let BRCN use photos or videos taken of me at BRCN events for the college website, internal email, news/press releases, and/or video, recruiting or promotional purposes. I also agree to submit a written request to BRCN if/when I wish my photo(s) be removed from the website, social media and/or other recruiting materials.

OR:

No Publicity

Signature: _____ **Date:** _____

Student/CAMS ID: _____

If you choose to revoke your permission you can do so at any time. You will just need to check the box and resubmit this form to the Registrar's office. If you do revoke the consent, anything that has already been released has become public.