



**NYU**

**SCHOOL OF  
PROFESSIONAL STUDIES**

**NYU School of Professional Studies  
High School Academy**  
Office of University Programs  
105 E. 17th Street, Room 249A  
New York, NY 10003  
**P:** 212 998 7006  
sps.hsacademy@nyu.edu

## Photography, Video, and Creative Release Form

I hereby give my permission to New York University to use photographs or videos in which my image appears, as well as my creative efforts and projects including stories, presentations, and artwork for all purposes and in all media without limitation. This includes brochures, advertisements, websites, blogs, and social media, as well as other promotional materials.

Student Signature \_\_\_\_\_

Student Name (print) \_\_\_\_\_

Student NYU N# \_\_\_\_\_

Date \_\_\_\_\_

Name of parent or guardian, if student is a minor (print) \_\_\_\_\_

Signature of parent or guardian, if student is a minor \_\_\_\_\_