

PHOTO OPT-OUT RELEASE FORM

I hereby confirm that I am legally of full age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt-Out Release," and am familiar with its contents.

Date:		
Student name:		
Student ID number:		
Address:		
City:		Zip:
Phone:	Email:	
Signature:		

Please return the completed form to the Rady School of Management representative listed below. Thank you.

Joel Ackerman jackerman@ucsd.edu