



Lycoming College
Department of Marketing and Communications
700 College Place, Williamsport, PA 17701

Model Release for a Minor Child

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MINOR'S NAME (please print full legal name):

Signatures

X _____

FATHER, MOTHER OR LEGAL GUARDIAN

Date

X _____

MINOR'S SIGNATURE (if 14 or older)

Date

X _____

WITNESS Lycoming College Representative

Date

(Please complete address on back)

Model Release for a Minor Child

Permanent address of child:

Last Name: _____ First Name: _____

Number and Street:		
Address Line 2 (Apt or Suite)		
City	State	Zip