ETSU CAMPUS ID SERVICES

IMAGE REQUEST FORM

**I would like to request my image from the ID System database file.
My signature authorizes release of my image.**

☐   **I authorize release of my image to the** Click or tap here to enter text.
Department for use in ETSU publications.

☐   **I request that my image be sent to my ETSU e-mail account.**

Please sign/type your name below:

Click or tap here to enter text.

Click or tap here to enter text.   Click or tap here to enter text.
Date   **Phone Number**

Click or tap here to enter text.   Click or tap here to enter text.
Name (Please Print)   **E Number**

Please allow 2-3 business days for processing.