**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.**

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Click or tap here to enter text.Click or tap here to enter text.

**Date Phone Number**

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**Name (Please Print) E Number**

**Please allow 2-3 business days for processing.**