**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** 

**Department for use in ETSU publications.**

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



**Please sign your name below:**





**Name (Please Print) E Number**



**Date Phone Number**

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