

PERMISSION TO USE PHOTO RELEASE FORM

Please submit this form by email to coopeng@mun.ca

TO: Engineering Co-operative Education Office, Faculty of Engineering and Applied Science

STUDENT NAME: _____

WORK TERM: _____ SEMESTER/YEAR: _____

DATE: _____

I, _____, understand that information and pictures I submit may be used by the Engineering Co-operative Education Office for marketing purposes, including but not limited to, promotional material, social media posts, recruitment, and job development.

STUDENT NAME (please print): _____

STUDENT SIGNATURE: _____

I, _____, understand that information and pictures submitted by _____, may be used by the Engineering Co-operative Education Office for marketing purposes, including but not limited to, promotional material, social media posts, recruitment, and job development.

EMPLOYER NAME: _____

SUPERVISOR NAME (please print): _____

SUPERVISOR SIGNATURE: _____