



## Office of Special Academic Programs Photo Consent Form

### Student Information

Name: \_\_\_\_\_ SU ID#: \_\_\_\_\_

Undergraduate Affiliation:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mellon Mays Fellow | <input type="checkbox"/> Chamberlain Scholar | <input type="checkbox"/> Faculty Scholar,                   |
| <input type="checkbox"/> Russwurm Scholar   | <input type="checkbox"/> QuestBridge Scholar | <input type="checkbox"/> Bowdoin Science Enrichment Program |

### Contact Information

Campus Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

### Photo Consent:

From time to time we will be taking photographs during your tenure here at Bowdoin College. We will sometimes use these photos for Office of Special Academic Program publications (i.e., the Web site or other print ads).

*Please indicate your preference:*

- ☐ You may use my photos taken throughout various SAP events for publications
- ☐ Please do NOT use my photos taken throughout various SAP events for publications

*The information provided on this form is solely for our use **ONLY** and will not be shared or distributed to others.*