

**FLORIDA A&M UNIVERSITY NATIONAL ALUMNI  
ASSOCIATION**

**Metro Atlanta Chapter  
2023 Scholarship Application**

**Release of Information, Consent and Certifications**

**Consent to Photograph, Film, or Videotape a Student for Non-Profit Use**

I, \_\_\_\_\_ (Print Name of Parent/Guardian), hereby give permission to the Florida A&M University National Alumni Association Metro Atlanta Chapter, and other Florida A&M University affiliates to use photographs, video images, writing, voice recordings of my student and his or her immediate family in news reports, newsletters, Florida A&M University website content, program marketing materials, graduation programs, articles, and/or other media outlets.

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Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_