



All Knox College students, faculty, staff, or visitors who do NOT want their image/photograph and/or video presence captured and used for communications, marketing, or publicity purposes have the opportunity to opt out.

New students and new employees of Knox College who do NOT give permission for their photo, audio, or video images or recordings to appear on the Knox College website or other digital media communications, in print publications, and/or for other publicity purposes MUST complete and return this form to Office of Communications. This release shall remain in effect for the remainder of your time attending or employed by Knox or unless expressly revoked by you or otherwise stated in conjunction with policy change(s).

Please be advised that:

1. Images and videos taken in public spaces and/or at public events do not require authorization for publication.
2. If you are in a non-public area where photography and/or recording is taking place or is planned, it is your responsibility to notify the applicable personnel and camera operator(s) that you have signed the Media Opt-Out Form and to remove yourself from the area in which the photography or recording is taking place, when appropriate to do so.

PLEASE DO NOT PUBLISH OR IN ANY WAY USE MY IMAGE/PHOTO AND/OR VIDEO FOR MARKETING, COMMUNICATIONS, OR PUBLIC RELATIONS PURPOSES. I understand that this Media Opt-Out Form does not apply to images or videos taken in public spaces and/or at public events. I also understand that if I am in a non-public area where photography and/or recording is taking place or is planned, it is my responsibility to notify the applicable personnel and camera operator(s) that I have signed the Media Opt-Out Form and to remove myself from the area in which the photography or recording is taking place, when appropriate to do so. I further understand that my failure to take these actions may result in the publication of my image, photo or video and may be treated as my consent for such publication.

I am a: Student Employee Visitor

Name _____

Signature _____

Date _____

For individuals under age 18

I hereby confirm that I am the parent or guardian of the individual named above. I further affirm that I have read and understand the opt-out policy stated above.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Please return this completed form to the
Office of Communications
Knox College
2 East South Street, Box K-230
Galesburg, IL 61401