



Northeastern University

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I hereby authorize Northeastern University (Northeastern), and those acting pursuant to its authority to:

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- (b) Use my name in connection with these recordings.
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I release Northeastern University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Northeastern. I have read and fully understand the terms of this release.

Name: _____

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City

State

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Phone: _____

Graduation Year: _____

Email: _____

Signature: _____

Date: _____

Please retain a copy for your records and return the signed original to:

Northeastern University

Office: _____

Attn: _____

Address: _____