



Authorization Statement Concerning Use of MCard Photograph

I hereby grant authorization to the University of Michigan *(put your dept name here)* to use my MCard photograph to be used in the *(fill in the blank here, be very specific as to the purpose/use of the photograph including when, where, and how it will be used)*.

This MCard photograph will not be used for any other purpose without my express written/electronic permission.

I am aware that I can submit in writing to *(put specific person and/or title and dept name here)* and revoke authorization of my MCard photograph. The *(put your dept name here)* or its staff will no longer use my photograph upon receipt of written revocation. I also understand that it may take *(input # here)* of business days to remove my image from the above stated purpose. If the photo was used in printed materials, it may not be possible to retract.

I approve the said use(s) of my MCard photograph by *(put your dept name here)*

Signature _____ Date _____

Printed Name _____ UMID# _____

RESPONSE DEADLINE: *(put in your date here)*



(This portion is optional for units)

Please grant authorization by completing this form by either:

1. Printing it, filling in the above fields (Signature, Date, & Printed Name) and returning it to *(put in the contact information here)*.
2. Responding to this email message by replying from your U-M email account (i.e., `username@umich.edu`).

Dept/Unit Notice: This document is intended merely as a form guideline for obtaining individuals' authorization. Delete this page before printing.