

**ETSU CAMPUS ID SYSTEM**  
**ID OFFICE IMAGE REQUEST FORM**

**I would like to request my image from the ID System database file.  
My signature authorizes release of my image.**

\_\_\_\_\_ **I authorize release of my image to the \_\_\_\_\_  
Department for use in ETSU publications - No charge.**

\_\_\_\_\_ **I request that my image be copied to a CD at a cost of \$5.00 + tax.**

\_\_\_\_\_ **I request that my image be e-mailed to me at a cost of \$5.00 + tax.**

---

**Signature**

---

**Date**

---

**Phone Number**

---

**Name (Please Print)**

---

**E Number**

---

**Campus P.O. Box/Local Address**

**Please allow 2-3 days for processing.  
Payment must be received before the image can be released.  
Payment type may be ID BUC\$, cash, or check.  
Make checks payable to ETSU and include your E number on memo line.**

<b>Processing Fee</b>	<b>\$5.00</b>
<b>Tax</b>	<b><u>.48</u></b>
<b>TOTAL</b>	<b>\$5.48</b>