



All Media Release and Clearance Form

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I further authorize Case Western Reserve University to distribute such information for any research, educational, or other purpose that Case Western Reserve University and those acting pursuant to its authority deem appropriate.

I understand that once information and/or materials are released, Case Western Reserve University no longer has control over their use. I understand I can revoke my consent by sending a written notice to University Archives, but such revocation will only have a prospective application, not a retroactive application.

I hereby release and discharge Case Western Reserve University, as well as their trustees, officers, employees, and representatives from any and all claims and demands arising out of or in connection with the use of such information.

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I have had opportunity to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily give my consent and agree to this Release and Waiver. I represent that am eighteen (18) years of age or older.

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Signature _____

Date _____

Please return completed form to University Archives via email:

archives@case.edu

or via U.S. Mail:

Case Western Reserve University Archives

20 BioEnterprise Building

10900 Euclid Avenue

Cleveland, OH 44106-7229

University Archives representative/witness: _____