

Faculty/Staff Photo Request Form



College of Veterinary Medicine

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

University of Illinois at Urbana-Champaign
College of Veterinary Medicine
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Design Group @ Vet Med
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ID Photo Hours:
Monday, 2:00 - 4:00 PM
Wednesday, 2:00 - 4:00 PM

ID Photo Location:
VMBSB 2873

To be completed by the Department/Area on behalf of the person photographed

Department: Admin PATH VTH Area: _____
CB VCM WMC
MDVC VDL Other: _____

Check all that apply: Faculty Resident Affiliate Year Student Month: _____
Staff Intern Clinical Year Student Year: _____
Graduate Student Vet Tech Other: _____

Account Number: _____
C INDEX FUND ORGANIZATION ACCOUNT PROGRAM ACTIVITY

Department/Area Signature: _____ Date: _____

To be completed by the person photographed

Name: _____
TITLE FIRST LAST

Net ID: _____@illinois.edu Do you want your badge to include pronouns? Yes: _____
No
(If yes, please indicate.)

Photo Authorization and Release

The image resulting from this request will appear on your College of Veterinary Medicine identification badge.

I further authorize the College of Veterinary Medicine to include my photo in the online directory on the CVM website. The college may also choose to use my photo in printed materials and publications, such as the annual report, departmental brochures, and other college-related publications.

Yes, my photo may be used on the CVM website and in CVM publications.

No, please do not use my photo for either purpose.

Authorizing Signature: _____ Date: _____

For Design Group Use:

Photo taken
Photo saved to server
ID badge printed

Photo uploaded to directory
Photo added to composite
Badge/composite billed

Completed by: _____ Completed on: _____