

Model Release

Please type or print information clearly

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Model Information

1. First Name Avery	2. Last Name VonDielingen
3. Organizational Affiliation or Laboratory Name ATOM Summer Intern (Butler University)	
4. Telephone (317) 989-2652	5. E-mail Address avondiel@butler.edu

Employment Identification

6. Model is: <input type="checkbox"/> U.S. Government Employee (Agency, Institute, Branch) <input type="checkbox"/> Contractor Employee (Name of Contractor) <input checked="" type="checkbox"/> Other (Specify): ATOM Summer Intern (Butler University)
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Limitations on use

7. None

Signature of Model (if 18 years or older)

8. Signature Avery VonDielingen	9. Date 5/23/22
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Signature of Parent or Guardian (if a minor)

10. First Name	11. Last Name
12. Signature	13. Date

Signature of Witness

14. First Name Madison	15. Last Name Fanta
16. Signature Madison C Fanta	17. Date 5-24-22

Form must be sent to Scientific Publications, Graphics & Media (SPGM) in Building 362, where it will be kept on file.

SPGM Internal Use:

18. SPGM Job Number
