

STATEMENT AND CONTACT INFORMATION FORM

Insert the information in the fields available.

I understand that by uploading my photographs to this ftp site, I am giving the Columbia College Chicago Photography Department permission to print my photographs in the BA/BFA Manifest Graduating exhibition catalogue and to post them on the Photography Department website.

Name:

Degree:

Statement:

E-mail:

Website:

SAVING AND UPLOADING YOUR INFORMATION:

1. Check to make sure all your information is correct.

Please have someone proofread your statement and/or spell check in a word processing program.

2. FILE > SAVE AS

Save this document as your lastname_firstname.pdf

Example: keats_jennifer.pdf

3. Put this file in a folder titled... lastname_firstname along with your image files.

If you have any questions please contact Jennifer at jkeats@colum.edu (312-344-7894) or stop in the Digital Lab.

