

## GRAD PICTURE CHAIRMAN FORM

Please complete all of the important contact information below. Please print clearly.

### PICTURE CHAIRMAN CONTACT INFORMATION

I am:     Student             Faculty             Staff

First Name (       )	Last Name (       )
Cell Phone	Summer Phone

School Email Address	Summer Email Address
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PC Mailing Address	City	State	Zip
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### ORGANIZATION CONTACT INFORMATION

Faculty/Staff Contact Person	Email Address	Phone (       )
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Organization Mailing Address	City	State	Zip
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### SHIPPING OF MASTER COMPOSITE AND COPIES

No PO Box addresses are accepted. The Master Composite may require signature upon delivery. Additional charges will apply for refused or returned packages.

Picture Chairman Mailing Address                       Organization Mailing Address

### EMAIL PROOF OF FINAL COMPOSITE

An electronic copy of your composite will be emailed to the person listed below to verify accuracy of the final product.

Member Name	Member Title (If applicable)
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Email Address 1	Email Address 2 (If Applicable)
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**PLEASE NOTE:** After acceptance of the proof, costs of a replacement composite for errors not noted will be the responsibility of the organization. Carefully proof your composite to prevent additional charges.

### COMPOSITE CONSTRUCTION INFORMATION

If NO selection is made below, your composite will be placed on HOLD pending clarification.

<input type="checkbox"/> <b>Begin Construction Immediately</b> There will be no additions or deletions. Once we begin construction, no further changes can be made.	<input type="checkbox"/> <b>HOLD Construction</b> Possible Deletions: _____ / _____ / _____ <i>Any Deletions must be in writing from the appropriate faculty/staff member.</i>
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Last Day together for distribution of Individual Composite Copies:                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### STATE BOARD INFORMATION

Photos will only be sent in states where required. Digital Pix is not responsible for incorrect information on this form.

2x2-Passport     Wallet     Indiana Special

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Required Delivery Date