



STUDENT CONSENT/AUTHORIZATION

PHOTOGRAPHY/VIDEOTAPING/OTHER IMAGING/AUDIO RECORDING
FOR
RESEARCH, EDUCATION, MARKETING OR MEDIA PURPOSES

Student's Name: _____ Location: _____

Address: _____

Phone Number: _____

I hereby give my consent to have photographs, videotaped images, other images, or audio recordings made of my family member or myself for the following purposes:

- Organizational Communication, Public Relations, Fundraising Purposes

Event: _____

- Interviews with Media

Organization/s: _____

- Educational Purposes

- Other: _____

Signature of Student or Legal Representative/Relationship

Date