



Handbook Responsibility Statement

I understand that I am responsible for knowing and understanding the information in the 2009-2010 Student Handbook and I agree to adhere to the University of Washington School of Pharmacy's policies, procedures and requirements.

The Student Handbook is frequently updated and is available only online:

<http://depts.washington.edu/pha/students/info.html>.

Name: _____ Date: _____

Personal Release

I grant the University of Washington, School of Pharmacy the right to use my image and name for the purposes of publishing student pictures and names in School of Pharmacy materials. These materials may include: the pharmacy Graduate Recognition Ceremony program, student slide show, informal class composite photo, formal graduating class composite photo, recruitment materials, to release name to Commencement Specialists, Inc. (CSI) for Graduation photos and to have their name released to the UW Daily for their special graduation edition. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

I release the University of Washington from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

I have read and understand this Personal Release and I am over the age of 18.

Name: _____ Date: _____

Signature: _____

Address: _____

Witness Signature: _____

I choose **NOT** to authorize University of Washington, School of Pharmacy the right to use my name and image. I understand that I will not be included in the class composite picture or Graduate Recognition Ceremony program.

Name: _____ Date: _____