

Release Form for persons over 18 years of age

Name: _____

In signing this release, I give the University of Washington and _____
(name of TRIO program and institution) the right to use, publish, display, and/or reproduce any
video/recorded voice/photographs in which I appear, including the right to edit or use a portion
or all of the video/recorded voice/photographs for promotional publications, promotional
materials, the UW TRIO Training website and/or other program-related purposes.

☐ I do not give permission for my full name to be published on the Internet
If this box is checked, we will only include your first name and last initial.

Signature: _____ Date: _____

Questions about this form should be directed via e-mail to tquest@u.washington.edu