

# Student Release Form

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In signing this release, I give the University of Washington and \_\_\_\_\_ 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 further agree that \_\_\_\_\_ may use the video/recorded voice/photographs for educational purposes and promotion.

- 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.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*If student is under 18 years of age, a parent or legal guardian must sign.*

*Questions about this form should be directed via e-mail to [tquest@uw.edu](mailto:tquest@uw.edu)*