Washington State University
Photographic Likeness and Interview Use Consent Form

Print Name:_____________________________________________________
Major:________________________________________________________________
Year (Fr., So., Jr., Sr., Grad):________________________________________
Hometown:__________________________________________________________
Student ID#_______________________________________________________

The Family Educational Rights and Privacy Act and the Washington Administrative Code 504-21-010 prohibit WSU’s release of a student’s educational records, other than directory information, without a signed release from the student. The photographs and interview comments constitute educational records under those laws.

By signing below I (We) give Washington State University permission to photograph me (my child) and publish, use and distribute my (my/our child’s) photographic likeness for promotional and educational purposes. I (We) also grant Washington State University permission to publish, use, and distribute my (my/our child’s) name and/or interview comments for WSU promotional and educational purposes.

Promotional and educational purposes may include use and distribution in print and/or electronic media, including but not limited to publications, books, newspapers, brochures, pamphlets, television, videos, motion pictures and on web sites.

This agreement is binding on my (our) successors, assigns and/or heirs.

__________________________________________ _____________________________
Subject/model Signature     Date

__________________________________________ _____________________________
Parent/guardian signature (if model is 17 or under) Date

__________________________________________ _____________________________
Witness       Date