

**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