

**WASHINGTON STATE UNIVERSITY
USE AND RELEASE OF LIKENESSES
INCLUDING PHOTOGRAPHS AND VIDEOS
AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

STUDENT INFORMATION:

Name

Address

Student ID Number

I hereby grant permission and authorization for the Washington State University (WSU), including their faculty, staff, and administration, to take, have taken, and/or distribute photographs, still or video likenesses, digital recordings, pictures, or images of me while participating in the Molecular Plant Sciences graduate program. I understand that these items may constitute my educational records under the Family Educational Rights and Privacy Act (FERPA).

I further consent to the release and/or publication of these records as described above for any purpose to promote or aid the aforementioned graduate program, including but not limited to educational seminars, marketing, College and University communications, publications, **websites**, and other scholarship and educational activities without limit.

I additionally consent to the use of my name, degree program, and/or interview comments in connection with the release and/or publication of these records.

I understand that my agreement to the above is not a condition of participating in the aforementioned graduate program and that I could refuse and still participate fully in the program.

I hereby authorize Washington State University to use and release the records as described above for the purposes indicated above and to do so until _____.

Student Signature

Date