



UNCG

School of Education

Photo Release Form for High School Students

Write Name of Event: _____

Date of Event: _____

Parent Permission: (Photos and video clips will be taken during this event and may be used in marketing materials for the UNCG School of Education only. The following release has been developed by the Office for University Relations.)

By signing below, I give permission to record my child's name, image, voice, statements and/or writing to The University of North Carolina at Greensboro (UNCG). I further irrevocably grant to UNCG, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes without limitation consistent with the mission of the University. I agree that all rights to the sound, still, or moving images belong to UNCG. I voluntarily waive the right to inspect or approve such images. If I am a student, I understand that this release constitutes a waiver of my privacy rights under The Federal Educational Rights and Privacy Act. This release is effective on the date written below and will remain in effect indefinitely.

Student Signature

Print Name

Date

Parent/Legal Guardian Signature

Print Name/Relationship

Date

Street Address

City/State/Zip

Daytime Phone Number