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, interview comments and your name 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