

| Print Name | Signature | Date | Student ID# |
|------------|-----------|---------|-------------|
| 1 _____ | : _____ | : _____ | : _____ |
| 2 _____ | : _____ | : _____ | : _____ |
| 3 _____ | : _____ | : _____ | : _____ |
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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 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