

## PERSONAL RELEASE FORM

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This agreement is binding on my (our) successors, assigns and/or heirs.

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#### PLEASE CHECK ALL THAT APPLY:

WSU STUDENT     WSU FAC/STAFF     DONOR     WSU ALUMNI

### PERSONAL CONSENT

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

MAJOR/YEAR \_\_\_\_\_ HOMETOWN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### PARENT/GUARDIAN CONSENT (IF SUBJECT IS A MINOR)

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### WITNESS

NAME \_\_\_\_\_