Photograph & Video Release Form

Student Access and Educational Equity (SAEE) makes every effort to promote the positive activities, achievements, and work of our staff and students. SAEE includes: Upward Bound, Upward Bound Math-Science, Ronald E. McNair Program, Student Support Service (SSS), School of Arts & Sciences (SAS) and School of Environmental & Biological Sciences (SEBS) Educational Opportunity Fund Programs, Graduate Educational Opportunity Fund, and the Louis Stokes Alliance for Minority Participation (LSAMP). Your photograph, image, and/or voice may also be recorded by Rutgers University and other affiliates. This includes working with the local newspapers, radio, and television stations and also developing our own publications. These publications include information, likenesses, and images, which may appear on the University web site as well as in other publications.

As we go about this project, there will be opportunities for various students to be interviewed and/or photographed and **identified by name and school**. However, we understand that some individuals may request that we do not identify them. Please fill out the form below to inform us of your wishes regarding publicity. **Please note, your image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos is permissible.**

__________________________________________
I, (Print name) ________________________________, give Rutgers permission to record my image and/or voice, and I grant Rutgers all rights to use these sounds, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the University and SAEE. I agree that all rights to the sound, still, or moving images belong to SAEE.

Student Signature ____________________________ Date ______________________

If participant is 18 years old or under, a parent/guardian must complete below.

Parent/Legal Guardian Signature (**if applicable**) _______________ Date ______________

____ (Initial) I give my permission to be interviewed, identified, and/or photographed/filmed for use in program publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

____ (Initial) I request that you do not interview or photograph me.

Student Signature ____________________________ Date ______________________

If participant is 18 years old or under, a parent/guardian must complete below.

Parent/Legal Guardian Signature (**if applicable**) _______________ Date ______________