**Authorization for Release of Photograph, Video, or Written Testimonials**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Name of Individual*), by signing this release, authorize the University of Kansas, the (*Department Name*), and their staff to use photographs, video images, or other likenesses of myself and/or my child, and the attached written testimonials, for the following purposes:

1. Use in University and (*Department Name*) education and training activities and materials (including print and on line or electronic instructional materials); and
2. Use in print or electronic form in University or (*Department Name*) publications, presentations, brochures, newsletters/bulletins, and websites for educational, public relations or promotional purposes which may result in the raising of funds for (*Department Name*).

I understand that the images and written testimonials described above may be included in, copied and distributed by means of various print or electronic media. I understand that my and my child’s name will not be included with the images or testimonials.

I understand that this Authorization can be revoked at any time to the extent that the use or disclosure has not already occurred prior to my request for revocation. In order to revoke the authorization, I must notify (*Department Name*) in writing at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Department Name*)

University of Kansas

Lawrence, KS 66045

(*Telephone number*)

(*Email address*)

 If I cancel this Authorization after publication of the materials outlined above, I understand that my cancellation may not be able to be honored. If I revoke this Authorization, the University and (*Department Name*) shall not engage in any new uses or disclosures of the images or testimonials.

The University and (*Department Name*) will not condition treatment, payment, enrollment or eligibility for services or benefits on the execution of this Authorization. I understand that the images and testimonials may be subject to re-disclosure by the person or entity receiving such information and thus will no longer be protected by federal privacy regulations.

This Authorization is given without promise of compensation. The photos, video images or other likenesses and the attached testimonials specified above become the property of the University of Kansas and I release to the University any right, title and/or interest of any kind that I and/or my child may have in the information or images produced.

I have read this document and understand its contents.

Signature of individual (or parent or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The authorization must be signed and dated and a copy provided to the individual completing the form.