Personal Release for Photographs/Recordings

I authorize the Department of Food Science and Technology (FST), its assigns and transferees to take photographs, video, or record audio of me while engaged in activities associated with Oregon State University for the duration of my program. I give FST permission to use, publish, and distribute such media (in print and/or electronically), including pictures, videos, or recordings to the general public—including my likeness, with or without my name—for any lawful University related activities; such as education, outreach, research, promotion, identification, publicity, social media, and web content.

By signing below, I acknowledge that: 1) I am at least 18 years of age; 2) I have read and understand the above paragraph; and 3) I may request in writing any modifications to this agreement.

________________________________________  _______________________
Signature                                      Date

________________________________________  _______________________
Name (Please Print)

☐   I request that my photo and name NOT be used on FST personnel displays, such as the photo board and web site.

________________________________________  _______________________
Signature                                      Date

________________________________________  _______________________
Name (Please Print)