



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

FERPA Consent to Release Student Information Relating to Classroom Recordings and Media Release

STUDENT INFORMATION			
Student ID: _____	Name:	_____ <small style="display: block; text-align: center; margin: 0;">Last Name First Name Middle Name</small>	
Email: _____	Phone: _____	Date of Birth: _____	

CONSENT TO RELEASE INFORMATION
<p>In connection with my participation in the following class:</p> <p style="margin-left: 100px;">Subject Code: _____</p> <p style="margin-left: 100px;">Course Number: _____</p> <p style="margin-left: 100px;">Semester: _____</p> <p>I understand that class sessions and projects may be audio and/or video recorded. I have no objection to Rice University using my voice or likeness for educational or promotional purposes, and I hereby permit Rice to release the education records that consists of recordings of my voice or likeness as I participate in the class (such as when I am making presentations or asking questions in the class) and/or depictions in the recordings of presentation slides or other materials I have created for the class. This information may be released and viewed by third-parties. I am allowing this release of my education records for educational purposes and to allow Rice to publicize and promote its educational programs and to further the education of other students.</p> <p>I also grant Rice the irrevocable, royalty-free right (i) to use photographic, video or audio recordings or images of me and my materials, and (ii) to make such recordings or images available in Rice’s print or electronic publications and promotional or educational materials. I understand that Rice will hold the copyright in any such recordings or photographs.</p> <p>There is no time limit on the validity of this consent and release. I understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at Rice.</p> <p><input type="checkbox"/> Yes, I agree to the above terms.</p> <p><input type="checkbox"/> No, I do not agree to the above terms.</p> <p>Student Signature: _____ Date: _____</p>

SUBMISSION
<p>After completing and signing this form, you should submit it to the instructor of the course. The instructor will keep a copy of the form and will work with administrative offices to ensure the original form is retained in the appropriate office.</p>