



Photography/Videography Release

Student's Name (please print): _____

I certify that I am the parent or guardian of the person named above and hereby consent that photographs or video recordings may be made of him/her, under the following conditions:

1. The photographs or video recordings shall be used for educational, research, promotional or additional purposes that may be deemed proper in the interest of expanding knowledge and discovery.
2. The video recordings may be edited in any way that UT Arlington considers appropriate and desirable.
3. I understand that these images/recordings may be distributed and used for an undetermined length of time. Should I revoke this consent, UT Arlington will not be held responsible for recordings that are outside of its control.

I have had an opportunity to consider this consent and agree that all my questions and concerns have been answered.

Signed: _____

Date: _____