

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

ast Name	First Name	
D #	Cell Phone	
Email		
	Consent Form	
Course & Section # (e.g., HRD 502*01)	Title	Term
Instructor Name		
I understand that class sessions and previous Nazareth College using my voice or like Nazareth College to release the educat participate in the class (such as when I depictions in the recordings of presental information may be released and viewer for educational purposes and to allow Nand to further the education of other studies.	eness for educational or promition records that consists of ream making presentations or attion slides or other materials and by third parties. I am allowing azareth College to publicize	otional purposes, and I hereby permit ecordings of my voice or likeness as I asking questions in the class) and/or I have created for the class. This ng this release of my education records
I also grant Nazareth College the irrevolved recordings or images of me and my ma Nazareth College's print or electronic per that Nazareth College will hold the copy on the validity of this consent and releas requirement of my participation in the class	terials, and (ii) to make such ublications and promotional ouright in any such recordings ase. I understand my agreeme	recordings or images available in reducational materials. I understand or photographs. There is no time limit ent is voluntary and is not a condition or
YES, I agree to the above terms.	NO, I do	o not agree to the above terms.
Student Signature		Date

Submission

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.