



PHOTO RELEASE FORM

I, the undersigned, do hereby consent and agree that the Arkansas Tech University Upward Bound Programs have the right to take photographs, videotape, or digital recordings of my child. Though the names of faculty, staff, and administration can be used, it is our policy that the full names of students will not. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, or telephone numbers will ever be used.

I do hereby release to Arkansas Tech University Upward Bound Programs all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

_____ I hereby give permission for ATU Upward Bound Programs to use **photos with first name** on printed materials and other electronic forms of communication.

_____ I hereby give permission for ATU Upward Bound Programs to use **photos without first name** on printed materials and other electronic forms of communication.

_____ I hereby **do not** give permission for ATU Upward Bound Programs to use photos on printed materials and other electronic forms of communication.

Student's Name: _____

Parent or Guardian Signature: _____

Date: _____