



Authorization of Use

General Use

Specific Project: _____

I, (*print full name*) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK International Center and its units, UK PR & Marketing and UK Alumni Association, to release my name, last name, school and grade; interview, photograph and/or videotape me; and/or to supervise any others who may do the interview, photography and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- ✓ University Educational Publications/Videos
- ✓ University Electronics Publishing (e.g. World Wide Web)
- ✓ Any University Social Media Initiatives
- ✓ University Promotion/Advertising
- ✓ Local/regional/national news media (w/permission of the University of Kentucky)

Signature: _____ Date: _____
Signature

Witness: _____ Date: _____
Signature

Name and mailing address (please print)

Name: _____

Address: _____

Email: _____

Phone: _____

****If the individual to be interviewed, photographed and/or videotaped is under the age of 18, please indicate your relationship or authority to consent:*** _____

Signature of Parent or Guardian: _____ Date: _____