

## STUDENT CONSENT AND RELEASE FOR USE OF PICTURE and VOICE\*

I consent to The Board of Regents of The University of Oklahoma® (“University”) recording and disclosing my likeness, image and voice as embodied in any picture, videotape, film, slide, or audio recording (collectively “Images”) taken while I’m a student at The University of Oklahoma® Health Sciences Center. It is understood that these Images will be used at the discretion of the University including, but not limited to, for University/college/departmental publications, composite photos, website postings, brochures, newsletters, recruitment, promotion, identification, honors and awards, and other publications related to the University’s teaching, research or public outreach mission. It is understood that these Images will be used for an academic purpose at the discretion of the University. To the extent the Images addressed herein are education records governed by the Family Educational Rights and Privacy Act of 1974, I grant the University permission to release the information to individuals or entities in furtherance of the purpose(s) stated in this paragraph to third parties. These individuals may include another student, employee or staff member, representative or contractor of the University, and/or the public (limited to public display and publication for purposes related to the University’s academic mission).

By signing this Consent and Release, I grant to the University the absolute right and permission to copyright, in its own name or otherwise, and use, reuse, publish, and republish Images that may include my Image in whole or in part for the purposes identified in the above paragraph. I hereby waive any right, title or interest that I may have to these Images, including, but not limited to, the right to inspect or approve the finished product or products and the advertising copy, if applicable, or any use to which it may be applied. I agree that all such Images and plates and negatives and the like connected therewith, are and shall remain the property of the University. I release, discharge and agree to hold harmless The Board of Regents of The University of Oklahoma®, including, but not limited to, its Regents, officers, employees, agents, representatives and assigns, and all persons acting under the University’s permission or authority from any and all claims, damages, and liability arising out of the use and disclosure of my Images and any publication thereof, including without limitation any claims of libel or invasion of privacy.

I am eighteen years of age or older and have the right to contract in my own name and I am not restricted by any other commitments to third parties and the University has no financial commitment or obligation to me as a result of this Agreement. I have read the above Consent and Release, prior to its execution, and I am fully familiar with its contents.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If Student is a minor: \_\_\_\_\_  
Signature of Parent or Legal Guardian

This form shall remain valid through my enrollment at the University. However, I may revoke this Consent at any time by sending a written request to College of Medicine, Office of Student Affairs, PO Box 26901-BSEB 103, Oklahoma City, OK 73126-0901.

\*NOT FOR USE WITH RECORDING OF PROTECTED HEALTH INFORMATION (“PHI”)

**Oklahoma City, return to:**  
OU College of Medicine  
Office of Student Affairs  
941 Stanton L. Young Blvd.  
Basic Sciences Education Building, Ste. 200  
Oklahoma City, OK 73126-0901  
Fax - 405-271-2287

**Tulsa SCM, return to:**  
School of Community Medicine  
Office of Student Services  
1C54-Schusterman Center  
4502 East 41<sup>st</sup> Street  
OU-TU SCM Student Services  
Tulsa, OK 74135  
FAX 405-660-3506