



**CONSENT TO PHOTOGRAPH / RECORD / USE ELECTRONIC MATERIALS**

**NAME (PRINT):** \_\_\_\_\_

I permit Lawrence Technological University to photograph, record electronic images and sounds of me, or use electronic materials produced for this class for educational, academic or research purposes. The University will endeavor to contact me prior to the use of any materials included under this agreement prior to their use. I understand that as a student I am the sole owner of all academic materials developed and submitted for this class, and that I will not receive compensation from the University for the use of these materials.

- I am not a University employee, unless explained below.  
\_\_\_\_\_
- I wish to exclude the following types of media from publication:  
\_\_\_\_\_
- I am eighteen years of age or older.
- I have had a chance to discuss this form with University staff and have received complete answers to all my questions.
- I release Lawrence Technological University from any and all liability that may or could arise from the use of these images, recordings, or electronic materials.
- I am submitting this completed form via e-mail attachment.

**Signature:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**University ID #:** \_\_\_\_\_

**Notes:**