

VIDEO CONSENT AND RELEASE FORM FOR CLASS RECORDINGS

Course Number: _____

Term: _____

I hereby authorize Western Carolina University, through its agents and employees, and those acting pursuant to its authority to:

- (a) Record my likeness and voice on videotape and/or electronically.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right, including my FERPA rights, I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

920 Number: _____

Signature: _____ Date: _____