UNIVERSITY OF
WASHINGTON

University of Washington
Personal and FERPA Release Agreement

Name: _____

Address: _____
           _____
           _____

Email: _____

phone: _____

Grant. For consideration which I acknowledge, I hereby grant the University of Washington ("UW") permission to use my name, image, and (if I am a student) information identifying my academic program and expected date of graduation (collectively, "Identifying Information") for any UW purpose, including educational, research-related, public service, and promotional purposes. This may include, without limitation, uses such as: inclusion on a UW website, brochures and other publications in print or electronic media, catalogs, press releases, and lectures and presentations inside and outside UW.

I grant the right to use my Identifying Information for the above purposes in all forms and media, including without limitation printed and electronic media, television, the Internet, and the World Wide Web, and in composite or modified representations. I waive the right to inspect or approve the University's uses of my Identifying Information, or the copies associated with the uses. I acknowledge that I will receive no payment for this grant of rights.

General Release. I release the University from any claims that may arise regarding the use of my Identifying Information, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright. The University is not obligated to utilize the rights granted in this Agreement.

FERPA Release (for students only). As a student, I understand that the privacy of my education records is governed by the Family Educational Rights and Privacy Act (FERPA) and that my Identifying Information may qualify as personally identifiable information from my education records. I intend and agree that by providing the above-referenced grant and by signing this release, I am consenting to the release and use of my Identifying Information as stated above. In addition, (1) I hereby waive my right to receive a copy of the disclosures of my Identifying Information, (2) I acknowledge that this consent shall remain in effect until I revoke it in writing and deliver such writing to UW School of Dentistry Student Services, and (3) I understand that any such revocation shall not affect the UW's use(s) of my Identifying Information prior to UW's receipt of the revocation.

Signature: _____   Date:_____