

# San Diego State University

## STANDARD RELEASE FORM

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

Program Title: \_\_\_\_\_

Instructor / Department: \_\_\_\_\_

In consideration of my interest in furthering the educational purposes of San Diego State University, I hereby consent to any recording of myself on videotape, film, audio tape, paper, digital medium, or otherwise, by said university, its agents, servants, or employees. I authorize the use of such recordings for any proper and legitimate educational purposes by the university, either on or off campus.

I acknowledge your ownership of the program and further agree that you may use my name, likeness and biography for the purpose of promoting the program. I warrant and represent that all material furnished by me is my own or for which I have full authority for such purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Country, City, State/Province, Zip