

San Diego State University  
**STANDARD RELEASE FORM**  
For parental consent

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

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

Client / Department: \_\_\_\_\_

In consideration of my interest in furthering the educational purposes of San Diego State University, I hereby consent to any recording of my son/daughter/ward 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 or commercial purposes by the university, either on or off campus.

I acknowledge the University's ownership of the program and further agree that you may use my child's 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 of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent or guardian (please print)

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\_\_\_\_\_  
Name of student (please print)

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

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