

PHOTOGRAPHY/VIDEOGRAPHY CONSENT FORM

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I am a:

- FSU employee
- FSU alumni
- FSU guest
- FSU student

If I am an enrolled student, I understand that this release constitutes a waiver of my privacy rights under The Federal Educational Rights and Privacy Act (FERPA).

I am 18 years of age or older or I am the parent/legal guardian for the minor child listed below, and I am competent to sign this release. I have read the release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date _____

First and last name _____ (printed)

Signature _____

Graduation year (for FSU students/alumni only) _____

Major (FSU students only) _____

Photographer's Notes