

**St. Thomas University Center for Learning Differences**

**Photo/Media Release Form**

**AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS/VIDEOS**

Student Name: \_\_\_\_\_

I authorize St. Thomas University, Center for Learning Differences, to use, reproduce, and/or publish all written and/or visual materials about my son/daughter, including photographs and videos. I understand this material may be used in various publications, publicity presentations, recruitment materials, and/or other educational purposes. This material may also appear on the STU website. I understand that once an image is posted on an STU website, any computer user on or off campus may view the image. This authorization is continuous and may only be withdrawn by my specific rescission of the authorization.

\_\_\_\_\_ I DO authorize the use of written materials/photographs/videos.

\_\_\_\_\_ I DO NOT authorize the use of written materials/photographs/videos.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s)/Caregiver(s)

Signature(s): Date:

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