



**Oregon State
University**

Model and Information Release – Oregon State University

I authorize Oregon State University (OSU), and those acting pursuant to its authority to:

Record my name, likeness, voice, participation, comments and/or appearance; in audio/visual media, including, but not limited to, video, sound and photographic still imaging; or written material; on or around this date; on the following topic: _____

These recordings, statements and written material may be disclosed to the general public for the purpose of publicizing and promoting OSU; in any medium, present or future, including but not limited to print, Internet, social media networks, direct public presentations, speeches, video or audio.

The institution may use these materials even if they may include reference to such personal matters as:

- ___ Academic performance
- ___ Health and behavioral issues
- ___ Personal biographic material
- ___ Other: _____

The institution may further release, exhibit, authorize the use of and distribute such recordings and materials, in whole or part, without restrictions or limitation throughout the universe, for any educational or promotional purpose until revoked, which Oregon State University and those pursuant to its authority deem appropriate. I waive any right to inspect and/or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of such materials may often be made to, and used by the public news media or other entities over which Oregon State University has no control; and for which the institution bears no responsibility.

I understand that Oregon State University is not responsible for the unauthorized use of my name, likeness, voice, printed or biographical material by these third parties, including, but not limited to the news media; web sites; downloading of images and videos from the Internet or social media networks such as YouTube, Facebook or Flickr; or other distribution networks that may be developed; now or in the future.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraphs, and am knowingly and voluntarily executing this release without compensation to myself.

Signature: _____

Date: _____

Name (printed): Hannah P. Solorzano

Telephone (optional): (503) 435-9101

E-mail (optional): solorzah@oregonstate.edu

Parent/Guardian signature (if under 18): N/A