

| For Office Use Only | | | | |
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| Posted By: | Date Posted: | | | |

Office of the Registrar

FERPA Consent to Release Student Information Relating to Classroom Recordings and Media Release

| Student ID: Name: Phone: Date of Birth: Date of Birth: Date of Birth: | STUDENT INFORMATION | | | | | |
|---|---|------------------|----|---|--|--|
| Email: Phone: Date of Birth: CONSENT TO RELEASE INFORMATION In connection with my participation in the following class: Subject Code: Course Number: Semester: I understand that class sessions and projects may be audio and/or video recorded. I have no objection to Auburn University using my voice or likeness for educational or promotional purposes, and I hereby permit AU to release the education records that consists of recordings of my voice or likeness as I participate in this class (such as when I am making presentations or asking questions in the class) and/or depictions in the recordings of presentation slides or other materials I have created for this class. This information may be released and viewed by third-parties. I am allowing this release of my education records for educational purposes and to allow AU to publicize and promote its educational programs and to further the education of other students. I also grant Auburn University the irrevocable, royalty-free right (i) to use photographic, video or audio recordings or images of me and my materials, and (ii) to make such recordings or images available in Auburn's print or electronic publications and promotional or educational materials. I understand that Auburn University will hold the copyright in any such recordings or photographs. | Student ID: | | | | | |
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| There is no time limit on the validity of this consent and release. I understand my agreement is voluntary and is not a condition or requirement of my participation in this class or my attendance at Auburn University. Yes, I agree to the above terms. | | | | | | |
| □ No, I do not agree to the above terms. | ☐ No, I do not agree to the above terms. | | | | | |
| Student Signature: Date: | Student Signature: | Date | :: | | | |

SUBMISSION

After completing and signing this form, you should submit it to the instructor of the course. The instructor will keep a copy of the form and will work with administrative offices to ensure the original form is retained in the appropriate office.