

# Release and Assignment

Giving Highline permission to use your photo and/or words

I give full permission and consent irrevocably and in perpetuity to Highline Community College and/or its clients, affiliates, agents and assignees, hereinafter called Grantees, to make or reproduce throughout the world, either alone or in conjunction with other material and photographs, audio recordings, films and videotapes or other media made in connection with Highline Community College incorporating my name, photograph, likeness and/or voice, either in whole or in part, in material prepared for purposes of advertising, research and client presentation.

It is further understood that Grantees may use said material with or without my name and that Grantees may make reasonable changes in testimonial copy, if any, provided the spirit and content of my remarks are not distorted.

I further waive any right of approval with respect to use of said materials and thereby release and discharge Grantees from any claim or liability, including without invasion of privacy or defamation of character based upon such use.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*Information you provide on this form will be kept confidential, in accordance with and as may apply under, FERPA—the Family Educational Rights and Privacy Act. For information on your rights under FERPA, please see [www.highline.edu/stuserv/vpstudents/rights.html](http://www.highline.edu/stuserv/vpstudents/rights.html). This form will be kept in the program or department office that asked you to sign it. Thank you for your participation.*

**Please complete sections 1 & 2 or 1 & 3 below, whichever apply to you.**

## 1. Candids and Portraiture

I am (check the appropriate selection):

- FACULTY     CLASSIFIED     EXEMPT     STUDENT
- OTHER (please elaborate)

Department/Program: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employee or Student Identification Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## 2. Digital ID

(for ID cards, campus newsletter use only)

I understand that professional portraits for promotional use and for uses affiliated with work at the college may be obtained at my expense.

\_\_\_\_\_  
(please initial)

## 3. Minors

*(to be completed by legal parent or guardian)*

I am the parent and guardian of the minor named herein and have the legal authority to execute the above release. I approve the foregoing and waive any rights regarding the foregoing matter.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature