



Authorization of Use

General Use

Specific Project: _____

I, (*print full name*) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association and UK Research Foundation, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- ✓ University Educational Publications/Videos
- ✓ University Electronics Publishing (e.g. World Wide Web)
- ✓ University Promotion/Advertising
- ✓ Local/regional/national news media (w/permission of the University of Kentucky)

Signature: _____ Date: _____
Signature

Witness: _____ Date: _____
Signature

Name and mailing address (please print)

Name: _____

Address: _____

E-mail: _____

Phone: _____

****If the individual to be interviewed, photographed and/or videotaped is under the age of 18, please indicate your relationship or authority to consent:*** _____

Signature of Parent or Guardian: _____ Date: _____