

MODEL RELEASE

I hereby authorize North Dakota EPSCoR (Established Program to Stimulate Competitive Research) or parties designated by ND EPSCoR (including clients, purchasers, agencies and editors of periodicals or other printed or online matter) to use my image/likeness in any form, in any medium ND EPSCoR or its designees see fit, for purposes of dissemination and reporting, advertising, and/or fine art: display, exhibition, audio-visual, TV spots, radio spots, musical tracks, TV tracks, radio tracks, print ads, online use, or editorial use.

ADDITIONAL RELEASE INFORMATION FOR ND UNIVERSITY SYSTEM STUDENTS

added by ND University System, 10/2016, for students attending: Bismarck State College, Dickinson State University, Lake Region State College, Mayville State University, Minot State University, North Dakota State College of Science, North Dakota State University, University of North Dakota, Valley City State University, and Williston State College:

In signing this form, I understand that some information, including without limitation my image/likeness, including any audio, may be considered an educational record under the Family Educational Rights and Privacy Act of 1974 (FERPA), and that by granting this Release I hereby give ND EPSCoR my consent to use such educational records for the purposes set forth above.

MODEL CONSENT/DO NOT CONSENT (if under 18, complete this section but don't sign):
☐ I consent to the aforementioned terms and affirm that I am 18 years of age or older.☐ I do not consent to the aforementioned terms and affirm that I am 18 years of age or older.
Signature:
Print Name:
Date:
Home address:
Phone:
Email:
Project Description:ND EPSCoR activities
GUARDIAN CONSENT (if needed for those models under 18 years of age): I am the parent or guardian of the aforementioned model and affirm I have the legal right to issue/not issue consent. On behalf of the under 18 years of age Model, I approve the foregoing and consent to the aforementioned terms.
I do not approve, and do not consent, to the aforementioned terms.
Signature:
Print Name:
Date:
Home address:
Phone:
Email:

Photo/Audio/FERPA Release form Rev 06/2021