



Center for Allied Health Programs University of Minnesota

Authorization for Photography, Recording, or Interviewing

Date _____

Name _____

Address _____

Email _____

Home Phone _____ **Work Phone** _____

Initial next to each statement below. Please note that initialing next to the first two statements is optional. The remaining statements require your initials.

_____ I expressly grant a representative of the Center for Allied Health Programs (CAHP) the right to photograph, video or audio record, and/or interview me. *(Optional)*

_____ I grant the University of Minnesota the right to use or publish my likeness and interview information for related educational or communication purposes such as courses, pamphlets, video and audio programs, slide shows, web sites, and other educational projects developed by CAHP at their discretion. *(Optional)*

_____ I authorize the release of my student id photo to my fieldwork/clinical sites.
***not authorizing the use of your student id for fieldwork/clinical sites could prevent you from participating in fieldwork/clinical rotations, cause a delay in your start, or limit your ability to progress in the program.*

_____ I authorize the use of my student id photo for a class roster.

_____ I understand that my presentations may be filmed and relayed by a course management technology or by Webcasting technologies. Therefore, only modest amounts of copyrighted material may be included in my presentation given that I own a legal copy of the material. I believe the use of this material is considered to be in accordance with Fair Use as allowed by Federal law (17 U.S.C. Section 107). I will include appropriate copyright notices and attributions. (For more information, go to:
[http://www.lib.umn.edu/copyright/fairuse.phtml.](http://www.lib.umn.edu/copyright/fairuse.phtml))

_____ I understand that, once materials are released on the Web, although the University retains copyright, the University has no further control over the materials' use.

Signed _____

Witnessed _____
 (Optional)

Event _____