



School of Pharmacy
Office of Student Affairs

Information and Consent Form for Recordings and Photography of Students Enrolled in the UMKC School of Pharmacy

The following document allows a student to determine how recordings and photographs made as part of UMKC School of Pharmacy required classes, elective classes, transmitted events and events held in conjunction with the UMKC School of Pharmacy, and/or student organizations that include them will be used.

Please select one of the four options:

Options	Please Check Your Preferred Option
<p>Option 1: Consent to video tape, audio tape, film <u>and</u> photograph For valuable consideration, I do hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to:</p> <ol style="list-style-type: none"> Record my participation and appearance on video tape, audio tape, film, photograph or any other medium. Use my name, likeness, voice and biographical material in connection with these recordings. Exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority, deem appropriate. To copyright the same in its name or any other name it may choose. <p>I hereby release and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of the Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy.</p> <p>I hereby consent to the release of said video tape, audio tape, film, photograph or any other medium for the above-stated purposes and in accordance with the terms stated above, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et.seq.</p>	
<p>Option 2: I do not consent to <i>video, audio, tape or film recordings or other live action mediums or photographs</i> to be used as described in the aforementioned statements in Option 1.</p>	
<p>Option 3: I consent to <i>video, audio, tape or film recordings or other live action mediums</i>, but do not consent to <i>photographs</i> to be used as described in the aforementioned statements in Option 1.</p>	
<p>Option 4: I do not consent to <i>video, audio, tape or film recordings or other live action mediums</i>, but consent to <i>photographs</i> being used as described in the aforementioned statements in Option 1.</p>	

PRINT Name

SIGNATURE

Student ID

Date

All permissions/consent granted stay in effect throughout the student's enrollment in the pharmacy program unless or until revoked in writing by the student. Please turn the form into Office of Student Affairs, HSB 1219, (KC) or Lewis Hall 807 (Columbia).

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