

ADULT

General Use Specific Project: _____

I, (*print full name*) _____, being eighteen (18) years of age or over, 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; 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:

Please check all that apply:

- UK Educational Publications/Videos
- UK Electronics Publishing (e.g., World Wide Web)
- UK Promotion/Advertising
- Local/Regional/National News Media (w/permission of UK)

Signature: _____ Date: _____
Signature

Witness: _____ Date: _____
Signature

Name and mailing address (please print)

Name: _____

Address: _____

E-mail: _____ Phone: _____

Send copy of form to:
University of Kentucky
Office of Public Relations
102 Mathews Building
Lexington, KY 40506-0047

MINOR CHILD

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 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:

Please check all that apply:

- UK Educational Publications/Videos
- UK Electronics Publishing (e.g., World Wide Web)
- UK Promotion/Advertising
- Local/Regional/National News Media (w/permission of UK)

Signature of Parent or Guardian: _____ Date: _____
Signature

Relationship: _____

Witness: _____ Date: _____
Signature