

THE UNIVERSITY OF TEXAS AT AUSTIN CONSENT TO DISCLOSE INFORMATION AND TALENT RELEASE FORM

For valuable consideration, I do hereby authorize The University of Texas, and those acting pursuant to its authority to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part to the public without restrictions or limitation for any educational, publicity or promotional purpose which The University of Texas, and those acting pursuant to its authority, deem appropriate.

I agree that a photocopy, scan, fax copy or digital image of this form shall have the full force and effect of an original.

Name: _____

Address: _____

Phone No.: _____

Email address: _____

Signature: _____

Witness Signature: _____

Parent/Guardian Signature (if under 18): _____

Today's date: _____

Date and location/event where the photo was taken: _____
