

**EDUCATIONAL RECORDING – CONSENT & RELEASE FORM**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date(s) of Recording

\_\_\_\_\_  
Place of Recording

In consideration of the service that may be rendered to education by my assisting State University of New York in the collection and dissemination of educational and instructional resources, I authorize State University of New York, and those acting pursuant to its authority:

to exhibit, broadcast and distribute the above described recording(s) on videotape, audio tape, film, or any other medium, in whole or in part, without restriction or limitation, for any educational purpose which the State University of New York shall deem appropriate.

I acknowledge that this consent and release is of perpetual duration. I release the State University of New York from any claim that I may have by reason of the making or playing of the recording(s), and consent to the use of my name, likeness, voice and biographical material in connection with program publicity and for institutional purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Consent and release of parent or guardian if participant is under eighteen years of age.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date