**CONSENT TO RELEASE RECORDS**

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|  |  |
| Name | Student ID # |

**Information that may be required by Practicum, Fieldwork, Capstone, Dietetic Training Sites, or other Project-related Sites**

I understand the following information may be released to agencies and regulatory bodies while I am enrolled in the program to participate in training activities for my education at these sites. This information is used solely for the necessary operations at the training sites, including but not limited to onboarding, credentialing, computer access, and building access during my rotation.

This information may include:

* Name, local address, e-mail address, phone number, resume
* Confirmation of program enrollment and/ enrollment dates
* Birth date
* UW Student Number
* Criminal Background Check
* Documentation of compliance with immunization requirements
* Last 4-digits of social security number
* Blood borne pathogen training information
* HIPAA training dates
* Photo/headshot
* Relevant academic progress

I hereby give my consent to the University of Washington Nutritional Sciences Program to release the above information.

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| Signature of Student | Date |

**Information Related to Student Projects**

I understand that I will prepare several projects intended to serve campus and community stakeholders and/or broaden the research or practice evidence base. These may include thesis, capstone, dissertation, practicum, fieldwork, dietetics program (GCPD), or other research and course-related projects. I understand that information related to the products I develop may be published online, posted on social media, or distributed by email to campus and community stakeholders.

This information may include:

* Name, degree program
* Project title and description
* Presentation information (date, location)
* Project materials/products (Reports, manuscripts, posters, presentation materials, etc.)
* Awards, Scholarships or Fellowships received
* Photo/headshot

I hereby give my consent to the University of Washington Nutritional Sciences Program to release the above information.

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| Signature of Student | Date |

**Information Related to Communication & Student Celebrations**

I hereby grant permission to the University of Washington (UW) and its assigns and licenses to take photographs or videos of me, and to make recordings of my voice. I give the UW permission to use these images, videos, and recordings, as well as my likeness, name, and voice as follows:

* The use may include reproduction, distribution, derivative works, display, and performance.
* The use may be in composite or modified forms and in any media, now known or later developed, including without limitation newspapers, television, radio, the World Wide Web, and social media.
* The use may be for any purpose throughout the world and in perpetuity, including, without limitation, education, trade, advertising, and promotion.

I further acknowledge that I will not be compensated for these uses, and that the UW exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive the right to inspect or approve of the uses of any printed or electronic copy. I hereby release the UW and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or right to publicity or copyright.

This Release is binding on me, my heirs, assigns, and estate. The UW is not obligated to use any of the rights granted under this Release. This Release expresses the complete understanding of the parties.

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| Signature of Student | Date |