## CONSENT TO RELEASE RECORDS

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Full (legal) Name* |  | *UW Student ID #* |

### Information that may be required by capstone, fieldwork, practicum, dietetics training, or other project-related sites

I understand that while I am enrolled in the Nutritional Sciences Program the following information may be shared with community partners, agencies, and/or regulatory bodies to participate in site-based training activities. This information will be used solely for necessary operations at the training sites, including but not limited to onboarding, credentialing, computer permissions, and building access.

This information may include:

* Name, local address, email address, phone number, resume
* Birth date
* Last 4 digits of social security number
* Confirmation of program enrollment and enrollment dates
* UW student ID
* Criminal background check
* Documentation of compliance with immunization requirements
* Bloodborne pathogen training information
* HIPAA training information
* Photo/headshot
* Relevant academic progress

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Student Signature* |  | *Date* |

### Information related to student projects

I understand I will prepare several projects intended to serve campus and community stakeholders and/or broaden the research or practice evidence base. These materials may include capstone, fieldwork, practicum, dietetics program (GCPD), thesis, dissertation, or other research or 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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Student Signature* |  | *Date* |

### Information related to communications and student celebrations

I hereby grant permission to the University of Washington (UW) and its assigns and licensees 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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Student Signature* |  | *Date* |