

Arizona State University

Student Information Release Form

I, (name) _____, give permission for the College of Fine Arts of Arizona State University to release my child's name, related information and the event or news, photograph and/or video, and information about the photographed, video taped, or webcast event to the news media or use the above information and/or the above photograph or video in university publications.

Signature _____

Print _____

Date _____