



INTERVIEW INFORMATION AND IMAGE RELEASE FORM

This release applies to the interview(s) conducted and information (including images) obtained on and after: _____ Date(s)

The subject matter or purpose of the interview(s): _____

The interview was conducted by: _____

I authorize Austin Peay State University and any of its authorized agents or employees to:

- a) Record my likeness, voice and/or information/property on a video, audio, photographic, digital, and electronic or any other medium.
- b) Use my name in connection with the above-referenced recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, DVD, CD-ROM, Internet/WWW) these recordings for any purpose that the university, and those acting pursuant to its authority, deem appropriate, including historical, scholarly, educational, research, commercial and non-commercial purposes.
- d) Review my student record to be certain I am in good standing with the University and have not been subject to disciplinary action.

I release the university, its successors and assigns, agents, employees, and governing entities from any personal or proprietary right I may have in connection with such use.

I understand that the materials obtained and developed through the interview belongs to the university, that I have no right to control the use of my likeness, voice and/or information/property in the above materials and that I will not receive payment or any other compensation in connection with the use of the materials.

I have read and fully understand the terms of this release.

Name (**print**): _____

Date of Birth: _____

Address: _____

Local Phone: _____ Cell Phone: _____

Signature: _____

Date: _____ E-mail: _____

Parent/Guardian Signature (if under 18):

Date: _____