

Faculty/ Staff Media Release Form

I, the international traveler, consent to the release, exhibition, and distribution; without charge and without restriction or limitation; photographs of my likeness during my international travel for any communications, educational, marketing, advertising, publicizing, promotional, and/or any other purpose which the Office of Learning Abroad (releasees) deem appropriate. I release the releasees from any and all types of claims and liability including without limitation for negligence or invasion of privacy of any and all types.

For the purposes of this form, "Photographs" include videotape, audio tape, film, photograph, electronic data or image, and/or any other recording medium. For the purposes of this form, "Likeness" includes my name, likeness, voice, biographical material, and/or other private and/or public facts and/or opinions. This authorization represents my written consent to disclose information from my international experience to anyone the releasees see fit, including SUU Administrators, SUU and local media outlets, marketing materials, etc.

I understand that I may opt out of, or add limitations to, with no retroactive application, these provisions. To do so, I understand that I must fill out and sign the second page of this document and submit it to the Office of Learning Abroad either through the International Travel Notification Form or by email to learningabroad@suu.edu.

I understand that this form may be signed digitally. By signing digitally, I certify that I have read, understand, and agree to all of the above. If not signing digitally, I will sign the on the provided line below to certify that I have read, understand, and agree to all of the above.

Traveler Signature

Date of Signature

Media Release Form - Limitations

This authorization represents my written consent to disclose information from my international travel and activities to the specific organizations and individuals identified below.

I, _____ (print name) hereby give my voluntary consent to the contract staff of the SUU Office of Learning Abroad to disclose the information indicated below to the following organization(s), individual(s), and/or publication(s):

- SUU Administrators (SUU President, Provost, Vice Presidents, Deans, Chairs, and Directors)
- SUU media outlets (*University Journal*, SUUTV, etc.)
- SUU Marketing Communications -
- SUU Alumni Office
- Local media (*The Spectrum*, *Iron County Today*, and radio and TV stations)
- Office of Learning Abroad marketing materials (website, fliers, social media, etc.)
- Host institution abroad where I teach or conduct research
- Other: _____

Organization or Name

Type of information that can be disclosed:

- Name of the program I will participate in or have participated in
- Photos taken by me and/or photos with me as a subject
- Emails and other communications with the Office of Learning Abroad
- Achievements while teaching or researching abroad
- Other _____

Media Release Opt-Out: I do not permit any photos of my likeness or other information to be released by the Office of Learning Abroad.

By signing this release, I am giving the Office of Learning Abroad my written consent to disclose the above-named information regarding my international travel and activities. I also understand that I may revoke this release at any time (via written request to the Office of Learning Abroad) except to the extent that action has already been taken upon this release.

Faculty/Staff Name (printed): _____

Faculty/Staff Signature: _____

Date: _____ T-Number: _____