

## Media Release Form

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I, the study abroad participant, consent to the release, exhibition, and distribution; without charge and without restriction or limitation; photographs of my likeness during my study abroad program 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 purposes of this paragraph, "Photographs" include videotape, audio tape, film, photograph, electronic data or image, and/or any other recording medium. For purposes of this paragraph, "Likeness" includes my name, likeness, voice, biographical material, and/or other private and/or public facts and/or opinions.

I understand that under the Family Educational Rights and Privacy Act (FERPA) of 1974 no disclosure of my education records can be made without my written consent unless otherwise provided for in section 99.31 of the FERPA regulations. This authorization represents my written consent to disclose information from my study abroad or exchange program 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 Registration Form or by email to [learningabroad@suu.edu](mailto: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.

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*Traveler Signature*

*Date of Signature*

*If traveler is under the age of 18, a Legal Guardian must sign below. Forms signed by a guardian can be uploaded under "Additional Forms" in the International Travel Registration Form or be emailed to [learningabroad@suu.edu](mailto:learningabroad@suu.edu).*

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Guardian Signature

Date of Signature

## Media Release Form - Limitations

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I understand that under the Family Educational Rights and Privacy Act (FERPA) of 1974, no disclosure of my education records can be made without my written consent unless otherwise provided for in section 99.31 of the FERPA regulations. This authorization represents my written consent to disclose information from my study abroad or exchange program 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 Public Relations & Marketing
- 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 will study, or have, studied

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 on study abroad or exchange program

Other \_\_\_\_\_

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

*\*If taking part in a faculty/staff-led study abroad and opting out of the Media Release, please refrain from joining group photos that the Office of Learning Abroad or Program Directors may wish to share.*

By signing this release, I am giving the Office of Learning Abroad my written consent to disclose the above-named information regarding my study abroad or exchange program. 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.

Traveler Name (printed): \_\_\_\_\_

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_ T-Number: \_\_\_\_\_

Guardian Signature (If traveler is under the age of 18): \_\_\_\_\_