



Robert D. Clark Honors College

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Talent Release Form

UO ID: _____ **Doc: Backfile** **Pick: Talent Release Form**

Student Name: _____ Admit date: _____
Last First MI Term Year

Current Mailing Address: _____
Street Address City State Zip

Email: _____ Phone: _____ CHC Advisor: *Determined after registration*

Major(s): _____ Degree: _____ Projected Graduation date: _____
(BA, BS, etc.) Term Year

Please Sign & Return

I, _____, do hereby authorize the University of Oregon, and those acting pursuant to its authority, to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose that the University of Oregon (and those acting pursuant to its authority) deems appropriate.

Student Signature

Date

Student cell phone number

Parent/Guardian Signature (if under 18)

Date

Please complete, sign, and bring with you to your IntroDUCKtion session!

Fall 2019