



## Consent to Release Student Information Relating to Classroom Recordings

Student Name:

Email:

Student ID:

Semester: Fall  Spring  Year:

Course:

Section:

Professor:

In connection with my participation in the above-mentioned class, I understand that class sessions and projects may be recorded. I have no objection to the University of Texas at Arlington ("UTA") using my likeness for any purpose consistent with UTA's educational mission, and I hereby permit UTA to release the educational records that consist of recordings of my likeness as I participate in the class (such as when I am making presentations or asking questions in the class) and/or depictions in the recordings of presentation slides or other materials I have created for the class. This information may be released and viewed by third parties.

I hereby grant UTA the irrevocable right and unrestricted permission to use my likeness, image, voice, and or appearance as such may be embodied in any recordings and the like made on behalf of UTA. I agree that UTA has complete ownership of such material and can use said material for any purpose consistent with UTA's mission. I acknowledge that I will not receive any compensation for the use of such recordings.

I have been notified that the lectures are being recorded. I understand my rights to privacy and that there is no time limit on the validity of this consent and release. I also understand my agreement is voluntary and is not a condition or requirement of my participation in the class or my attendance at UTA.

Yes, I agree to the above terms.

No, I do not agree to the above terms.

Student Signature:

Date: