

Complete and return this form to the Office of Student Affairs/Solution Center ONLY if you do NOT give permission for your photo, audio, or video to appear in possible university publications and/or publicity, including the campus website or social media. This opt out request is effective for one year (July 1–June 30). It must be accompanied by a current photo of the student and must be renewed each year in order to be valid. Please be advised that:

1. Images and videos taken in public spaces and/or at public events do not require authorization for publication.
2. It is your responsibility to notify personnel you have signed the opt-out release.

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I do not authorize the UW-Marshfield/Wood County or its officers, employees or agents, to record my photographs or other images or likenesses in the form of audio, video, or any other medium, or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose. Further, I do not consent to the use of my name, voice, or biographical material in connection with any such recording.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above “Photo Opt-out Release,” and am familiar with its contents.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

I hereby confirm that I am the parent or guardian of the student named above. I further affirm that I have read the above “Photo Opt-out Release,” and am familiar with its contents.

For students under 18

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

**Please return this completed form along with a current photo to the Office of Student Affairs/Solution Center.**

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For Office Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_