

# Student Media Access Waiver

This waiver grants permission for student participation in media-related activities and use of related images, videos, or audio by the institution or its affiliates. Please complete all applicable sections.

---

## Student Information

Full Name

---

Student ID

---

School/Department

---

Contact Email/Phone

---

---

## Media Access Waiver

I, the undersigned, hereby authorize the institution to record, use, and share photographs, video, or audio recordings in which I appear for educational, promotional, or publicity purposes in print, online, or other media.

List any limitations or restrictions (if any):

---

Student Signature

---

Date

---

---

## Parent/Guardian Consent (if student is under 18)

Parent/Guardian Name

---

Parent/Guardian Signature

---

Date

---