

**CONSENT TO RECORD CONFERENCE OR WORKSHOP
AND FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT RELEASE**

Name (please print): _____
Student I.D. No. (if applicable): _____
Email: _____

In connection with my participation in the following: _____, I understand that the conference or workshop session(s) may be audio and/or video recorded by Rice University. Should I appear in the recording, I have no objection to Rice using (for educational or promotional purposes) my voice or likeness. If I am a Rice University student, I consent to audio or video recordings of me if I participate in the session and also consent to public release of these recordings for educational or promotional purposes.

There is expiration date on the validity of this consent and release. I understand my agreement is voluntary and is not a condition or requirement of my participation in the conference or workshop, or my attendance at Rice (if applicable).

Signed: _____

Dated: _____