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PHOTO RELEASE FORM

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I will make no monetary or other claim against the University of Arkansas for the use of the interview and/or the photograph(s)/video.

I understand that I am waiving any Family Educational Rights and Privacy Act (FERPA) related holds pertaining to the material either text or image gathered for this session.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release. Please indicate if you are a parent signing for a child under the age of 18.

signature of 18 year old or parent

printed name of 18 year old or parent

signature of under 18 years of age

printed name of under 18 years of age

witness' signature

witness' printed name