



VOICES Project Consent and Release Form

I do hereby authorize SUNY Geneseo, and those acting pursuant to its authority to:

1. Record my participation and appearance on videotape, audiotape, film, photography, or any other medium;
2. Use my name, likeness, voice and biographical material in connection with these recordings; and
3. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which SUNY Geneseo, and those acting pursuant to its authority, deem appropriate (including, but not limited to, video streaming, videotape, or DVD duplication).

I am a(n):

Faculty/Staff Member

Student

Alumni

Former Faculty/Staff Member

Contact Information:

Name: _____

Address: _____

Email: _____

I wish to be identified on the Voices Project website by:

- Name Only (i.e. George Schmidlap, Ph.D or Samantha)

- Description Only (i.e. student with a learning disability or gay adult)

- Both (i.e. Samantha, student with a learning disability)

I will supply a digital photo for inclusion on the Voices Project website: Yes No

Digital photos should be emailed to backman@geneseo.edu.

I would like to make my recording available for broadcast on WGSU. Yes No

Once you complete your recording, please provide a 1-2 sentence summary of your narrative for the Voices Project website. Descriptions should be emailed to backman@geneseo.edu.

Signature

Date

Return Completed Form to: Carey Backman, College Union and Activities, MacVittie College Union 306