**STATEMENT / PHOTO RELEASE**

**Parental / Guardian Consent:**

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a minor under the age of eighteen (18) years. Student’s name

Do you consent to the Western Connecticut State University SWSA, upon its authority or on its behalf, to use my student’s name, voice, verbal statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, public information, for any lawful purpose whatsoever?

**Check off your choice**

\_\_\_\_\_\_\_\_\_ I do

\_\_\_\_\_\_\_\_\_ I do not

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** □ Mother □ Father □ GuardianDate