



OREGON HEALTH & SCIENCE UNIVERSITY
MEDIA RELEASE FORM (for SON students)

Individual's Full Name (printed): _____ ("I/my" or "Individual")

Student or Employee ID Number (if appropriate): _____ Effective Date of this Release: _____

The purpose of releasing the above information may be one or more of the following uses and disclosures:

- Education, research, and media request.
• OHSU, OHSU Foundation, or Doernbecher Foundation fundraising campaign or communications or marketing print, broadcast, or electronic message activities.

This Media Release is made effective as of the Effective Date by and between Individual and Oregon Health & Science University ("OHSU"), as defined above. I shall receive no compensation of any kind for this Release.

I hereby authorize OHSU and their respective officers, directors, employees, agents, and contractors acting on its behalf, to use my image and likeness in any form of media, including still image photograph, voice audio, and/or video image, and to offer those images and/or recordings for use or distribution for educational purposes, printed or electronic publications, brochures, advertisements, use on Website, etc. without notifying me. I authorize OHSU to use my name in connection with the images and/or recordings and to use, copy, reproduce, exhibit, or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/web) those images and/or recordings. OHSU is not required to use any image and/or recording obtained and may discontinue using such images and/or recordings at any time.

I understand that all negatives, prints, digital reproductions, recordings, and videotapes shall be the property of OHSU and shall not be returned to me. I waive any rights, title, claims, or interest I may have to control or approve of the use of my identity of likeness in the photographs, publications, or electronic matter that may be used in conjunction with the images and/or recordings or other use of the images and/or recordings now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images and/or recordings.

I hereby agree to release and hold harmless OHSU, including their respective officers, directors, employees, agents, and contractors from and against any claims, damages, or liability arising from or related to the use of the images and/or recordings, including but not limited to any re-use, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I agree to release OHSU and those acting pursuant to their respective authority from liability for any violation of any personal or proprietary right I may have in connection with any use of my likeness or image for any use described above. OHSU students wishing to rescind this Release should contact the University Registrar's Office.

I have read the terms of this Release, I understand it, and:

Table with 2 columns: I agree to the Release (Upload your completed form to your American Databank account) and I decline the Release (Note: If you decline you must turn in this form to the SON Office of Admissions at proginfo@ohsu.edu.)

Student Signature: _____ Date: _____

Nursing Program & Campus: _____ Entry Term: _____

Please scan and upload this form to your Complio account at www.ohsunursingcompliance.com

Please note: If the individual is a patient, a HIPAA Authorization Form is required in addition to this Media Release



OHSU School of Nursing Release of Information Form

Full Name: _____

Academic Program & Campus: _____

Permission to Release Information: Please initial the following:

_____ I authorize the Office of Academic or Student Affairs or its designee, to release information from my student file for the purposes of writing letters of recommendation for scholarships.

_____ I authorize the Office of Academic or Student Affairs or to post my name indicating that my GPA was sufficient to qualify for achievement recognition. I understand that my exact GPA will not be disclosed.

_____ I authorize the Office of Academic or Student Affairs or to release information about my achievements, special recognition or involvement in community/professional activities.

_____ I authorize the Office of Academic or Student Affairs or its designee, to release student phone numbers for use to follow up with clinical agency business. You are not required to give out this information. If you do not wish to disclose this information, please cross out the blank for your number and sign your name. **You must make alternative arrangements with your clinical advisor if you choose not to disclose this information.**

Contact Phone Number: _____

_____ I authorize the Office of Academic or Student Affairs or to use and display any photographs taken in print or electronic form in any publication, multimedia production, internet page, display or advertisement for OHSU. I release and forever discharge OHSU, its agents, officers and employers from any and all claims and demands arising out of or in connection with the use of any comments, quotes, photographs or film, including, but not limited to, any and all claims for invasion of privacy or defamation.

Family Education and Privacy Act (Buckley Amendment) states it is a violation of federal and state law to release any information regarding an individual student without the student's written consent.

Signature of Student: _____ Date: _____

*Please scan and upload this form to your Complio account
at: www.ohsunursingcompliance.com*