

MEDIA, CONFIDENTIAL INFORMATION & SCHOOL RECORD RELEASE FORM

By signing this application:

1. You hereby give your permission to the Iowa State University's Talent Search Program to request and receive confidential information pertaining to any and all financial assistance awarded to you or your child (if under 18).
2. You also hereby release and discharge:
 - a. Any agency and/or person(s) from any liability for divulging such information to Iowa State University's Talent Search Program (ISU TS).
 - b. Iowa State University's Talent Search program and staff from any liability for divulging such information to any admission and financial aid offices at degree-granting institutions (i.e., colleges, universities, community colleges, and vocational/technical schools) and other agencies which aid Talent Search participants.
3. You give permission to your child's school district to release his/her school schedules, records and grades periodically to:

Iowa State University
TRIO Talent Search Program
2249 Friley Hall
212 Beyer Court
Ames, Iowa 50012-1058
4. You agree to cooperate with the ISU TS staff in follow-up activities, including the release of school records. These follow-up activities will continue throughout middle school, high school and college.
5. You hereby consent to the use of photo, video, or other media recordings taken of your child by ISU or those acting on its behalf for the benefit of ISU, including any lawful purpose whatsoever, including but not limited to use in any ISU publication or on ISU websites, without payment or any other consideration. You hereby waive any right that you may have to inspect and/or approve the finished product or the copy that may be used, or the use to which it may be applied. You do this with full knowledge and consent and waive all claims for damages.
 Yes, I give consent.
 No, I do not give consent.

I STATE THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE CONFIDENTIAL RELEASE FORM AND THE RELEASE AND CONSENT FORM, THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent/Guardian's Full name PRINTED: _____

Parent/Guardian's Signature: _____ **Date:** _____

I will follow all rules and guidelines established for the ISU TS program. I realize that if I fail to follow the above-mentioned rules and any others, it may result in my not attending Talent Search activities.

Student's Signature: _____ **Date:** _____