

## Use of Photograph/Visual Image & Identifying Information Authorization Form

Name: \_\_\_\_\_  
(please print)

UC M#: \_\_\_\_\_

As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature below I hereby authorize the University of Cincinnati to post my biographical information on the University's Cancer and Cell Biology Graduate Program website. In addition to the website, I hereby grant my permission to have my image shown on posters, signage as well as my name listed in flyers, pamphlets or notices on behalf of either, the University of Cincinnati and/or the Department of Cancer Biology and/or the Cancer and Cell Biology Graduate Program. This information may include:

Name  
College  
Major  
Previous earned degrees  
Field of study  
Success in the program  
Accolades earned in affiliation with lab work done on behalf of the program  
Email Information  
Twitter Account  
Facebook Account  
Linkedin Account  
Instagram Account  
Audio Recordings  
Video Recordings  
One or more photographs depicting my image

I acknowledge that my photograph(s) may be associated with my name, thus identifying me. I further acknowledge that the Cancer and Cell Biology Graduate program website and/or any other social media sponsored by the department or program will be available to the general public.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
(witness print and sign)

Date: \_\_\_\_\_