



**University of Utah**  
**Health Sciences Center**

**AUTHORIZATION TO PHOTOGRAPH, FILM, OR INTERVIEW A STUDENT**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Student Phone #:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Please check the appropriate box below:**

I authorized The University of Utah Division of Physical Therapy (UUPT) to make photographs, slides, films, videotapes, or other recordings that may be used in newspaper magazine articles, television or radio broadcasts, movies, web sites or any other media or means of dissemination. In addition, I consent to the use of my name, likeness, or voice for such purposes. I release UUPT officers, agents, and employees from all claims of liability with respect to the showing, use, or dissemination of the material.

I **DO NOT** authorized The University of Utah Division of Physical Therapy (UUPT) to make photographs, slides, films, videotapes, or other recordings that may be used in newspaper magazine articles, television or radio broadcasts, movies, web sites or any other media or means of dissemination. In addition, I **DO NOT** consent to the use of my name, likeness, or voice for such purposes.

**I understand these conditions:**

1. The University of Utah Division of Physical Therapy will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I may inspect or copy any information used or disclosed under this authorization.
2. I may revoke this authorization in writing at any time by sending a written revocation of authorization to: Division of Physical Therapy, College of Health, The University of Utah, 520 Wakara Way, SLC UT 84108. My revocation will not be effective to the extent that action has been taken in reliance on this authorization.
3. This authorization expires at the end of the Useful life of the images or reports.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

Signature must be verified by The University of Utah Division of Physical Therapy staff or must be notarized.

\_\_\_\_\_  
**Staff Signature and Employee ID#**

\_\_\_\_\_  
**Date**