



### MEDIA RELEASE FORM

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

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

Name of Parent/Guardian \_\_\_\_\_

Relationship with the Student: \_\_\_\_\_

I/We hereby consent to allow Silliman University to take and use official photographs and/or video recordings of my child/ward participating in official school-related activities and other official school publications to showcase school events and celebrate achievements.

I/We hereby likewise consent to allow Silliman University to post the following personal information on its official social media accounts for the same purpose above:

1. Student Name
2. Student's study-related accomplishment

I/We grant in favor of Silliman University the copyright, free of charge, to use photographs and/or video recordings as described above.

\_\_\_\_\_  
Printed Name over Signature of Parents/Guardian