RELEASE OF INFORMATION FOR ACADEMIC COURSE

I, ____________________________, understand that I am remotely attending virtual courses that may be audio and/or video recorded. I acknowledge that I have been informed of such recording and hereby grant permission to Ramapo College of New Jersey and its Trustees, officers, agents, employees and assigns to release the information provided during the course that consists of my voice, likeness and statements. I release Ramapo College of New Jersey and those acting pursuant to this release from liability for any violation of any personal, privacy or proprietary right I may have in connection with such use of the above information.

I understand that the provided information may be reproduced, exhibited or distributed for educational purposes only including, but not limited to, institutional review/assessment and classroom use. I further understand that the information will not be used for any profit-making venture nor distributed or sold to any agency or organization for commercial purposes. I acknowledge that I do not have the right to approve any course materials developed by the College resulting from the release of the above information.

I acknowledge that my consent to the above conditions is fully voluntary, given without coercion or duress and not a condition or requirement of my participation in this course. I further acknowledge that I have read and fully understand the terms of this release. This release will be considered valid and remain in effect until withdrawn by me. I understand that no monetary consideration or remuneration of any kind is being paid to me for my voice, likeness, statements or other information.

Course Name and Section: _______________________________________________

Semester and Year: _____________________________________________________

Course Instructor: ______________________________________________________

____________________________________________________________________
(Print Name) (Date)

____________________________________________________________________
(Signature) (Date)

Please complete below if the student is under the age of 18

I hereby certify that I am the parent or guardian of ____________________________, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

____________________________________________________________________
(Parent/Guardian Print Name) (Date)

____________________________________________________________________
(Parent/Guardian Signature)