University of Kentucky
College of Agriculture, Food and Environment

H-328 Authorization to Obtain/Utilize Images
College of Agriculture, Food and Environment
Kentucky Cooperative Extension Service

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Professional Title: _____

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Send copy of form to:
University of Kentucky
Agricultural Communications Services
131 Scovell Hall
Lexington, KY 40546-0064

ADULT

☐ **General Use** ☐ Specific Project: _____

I, (*print full name*) _____ , being eighteen (18) years of age or over, hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation, to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:
☐ UK Educational Publications/Videos
☐ UK Electronics Publishing (e.g., World Wide Web)
☐ UK Promotion/Advertising
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Signature: _____ Date: _____
Signature

Witness: _____ Date: _____
Signature

MINOR CHILD

☐ **General Use** ☐ Specific Project: _____

I, (*print full name*) _____ , hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation to interview, photograph, and/or videotape my minor child, _____, and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:
☐ UK Educational Publications/Videos
☐ UK Electronics Publishing (e.g., World Wide Web)
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☐ Local/Regional/National News Media (w/permission of UK)

Signature of Parent or Guardian: _____ Date: _____
Signature

Relationship: _____

Witness: _____ Date: _____
Signature