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Consent and Release to Use Image or Information**

I, (print name) _____
or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences Center (TTUHSC) employees or agents to take and use information about me (including my medical history), my name or image or likeness including, but not limited to, photographs, videotaped images, audio recordings, digital (collectively "Images"), or my data or presentation for the purposes checked below.

I AGREE TO USES DESIGNATED BELOW: (<u>Not</u> including uses for patient treatment or payment.)	My <u>Name</u>	My <u>Image(s)</u>	My <u>Information</u>	My Data or <u>Presentation</u>
For educational purposes <u>within</u> TTUHSC.	Yes No	Yes No	Yes No	Yes No
For educational purposes <u>outside</u> TTUHSC.	Yes No	Yes No	Yes No	Yes No
For TTUHSC marketing or publicity. (This includes news and social media such as interviews, Facebook, websites, Twitter, YouTube, etc.)	Yes No	Yes No	Yes No	Yes No
For publication in journals or on the Internet	Yes No			