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I, (print name)
or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences
Center (TTUHSC) employees, students or agents to take and use information about me (including my
medical history, if applicable), 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: (Not including uses for patient treatment or payment.)	My <u>Name</u>	My <u>Image(s)</u>	My Information	My Data or Presentation	
For educational purposes within TTUHSCFor educational purposes outside TTUHSC.	YesNo	YesNo	YesNo	YesNo	
For TTUHSC marketing or publicity. (This includes news akՖիթից2i४eshgศฟ8-16.3(uƳরজ[(i)এপ9.714 :	.1.241e7s141N)x14 101 in	u175 Td [(i8(h175 Td	al)-16.3(ud)-15.5(es)-2	3.9()]TJ 0(t)9 Tc -0.0	09.71 -1.17s)-8

^{...}For publication in journals or on the Internet ...Yes ...No ...Yes ...No