



AUTHORIZATION AND CONSENT FORM

Personal Information for Business Needs

Employee Name (Please Print): _____

Employee ID: _____

HEC may want to use your name, likeness, and/or other personal information in press releases, exhibits, publications, video, web site or any other media throughout the organization for purposes related to its mission of providing education, arts and culture to the community.

Please read and indicate your agreement by signing below.

I consent to and authorize the Higher Education Consortium of Metropolitan St. Louis (HEC), its officers, employees, directors and representatives to photograph, transmit, publish, reproduce, edit, distribute, display, re-use, in whole or in part, worldwide, and without restrictions my name likeness and/or other personal information in all media or technology now known or hereafter. I further consent and authorize HEC to record my participation in events and activities of HEC to be used in all media or technology now known or hereafter.

I waive any right to inspect or approve the finished product in which HEC may use my name or likeness and any claim for compensation of any kind. I further release HEC, its officers, employees, directors and representatives from any claims, liabilities, suits, of any kind arising from the use of name and/or likeness now and later discovered.

I have read this entire document and understand its contents.

Employee Signature: _____ Date: _____

HR Administrator Signature: _____ Date Received: _____