



# STUDENT AGREEMENT and RELEASE FORM

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Graduation Year \_\_\_\_\_

## STUDENT AGREEMENT

I understand that I am making a commitment to enroll in and participate in the Educational Talent Search (ETS) program from this time until I have graduated from high school. My commitment includes:

- meeting and communicating with my ETS College Advisor Aide on a monthly basis;
- participating in program sponsored activities such as college, career, personal development and academic enrichment workshops, and college visits, to the best of my ability;
- making every effort to work as hard as I can to do well in school;
- using all the resources provided to me by ETS, my school, and my community;
- maintaining at least a C average in my academic courses; and
- preparing to enter a postsecondary institution after graduation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT AGREEMENT

**I will support my Educational Talent Search student with fulfilling their commitment to education.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDIA RELEASE

We require parent permission to use a student's photograph (image), voice, and/or name in various media projects such as end-of-the-year senior recognition slide show for students, Educational Talent Search (ETS) student newsletters, ETS website ([www.csulb.edu/ets](http://www.csulb.edu/ets)), and/or other modes of informative media for students and parents .

**I understand the photos and/or videos will be used for informational purposes on program materials: newsletters, ETS website ([www.csulb.edu/ets](http://www.csulb.edu/ets)), etc.**

**I understand that the photographs and/or videos will not be used to generate a profit or for any other commercial purposes.**

**I understand that I have not been compensated nor will I seek compensation for the photos and I release ETS from responsibility should a third party violate the terms of this release.**

I, as the parent/guardian of the above named student, I give consent that audio/video tape(s) or photograph(s) made of my child may be used by ETS, to highlight student accomplishment and activities, and promote the services of the ETS program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_