

Authorization for Personal Information Release

In consideration of the US Dairy Education and Training Consortium requiring involvement in student and sponsor activities as part of the participation in the Consortium activities, I, the undersigned, agree as follows:

Provide the Following Personal Information

Participant Name: _____
Campus Address: _____
City/State/Zip: _____
Telephone: _____
E-Mail: _____
School: _____
Major: _____
Expected Graduation Date: _____
Career Goals (Industry & Position): _____

Parties Authorized to Have Access to Personal Information.

To accomplish our goals, US Dairy Education and Training Consortium provides participant personal information to its sponsors and other participants. In addition, photos and news releases may be sent to the media (newspaper, radio, television and the internet) or used in informational brochures or videos by the US Dairy Education and Training Consortium.

It is the right of the individual whether or not to consent to the use of his/her name and contact information, and/or photos.

Authorization for Personal Information Release

I hereby authorize US Dairy Education and Training Consortium. to use my personal contact information for only the authorized parties listed above and/or any photos taken of me during the US Dairy Education and Training Consortium activities.

Print Name _____

Signature _____ Date _____

