

# CityUniversity

of Seattle

## Consent and Release

### Diversity Scholarship

To: City University of Seattle

I hereby consent to City University of Seattle, or anyone City University of Seattle may authorize, the use of my name or photograph and/or attached testimonial, if any, or any reproduction of any of the above in any form for any purpose.

I waive the right of approval and release City University of Seattle and/or their designee from all claims which I may or can have on account of use or publication of such use for any purpose.

I acknowledge that no representations of any kind have been made to me, that I am over the age of 18 and freely sign this release which I may have read and understand. (If I am under the age of 18, my parent or guardian acknowledge and consent on my behalf.)

Please print:

Candidate Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please scan Consent Form to:  
Diversity Scholarship Committee  
City University of Seattle  
[scholarships@cityu.edu](mailto:scholarships@cityu.edu)