





PERSONAL STATEMENT

1. What has been the most outstanding accomplishment in your life?

2. What are your goals in life?

3. How can SSSP assist you?

*I hereby certify that the information provided is true to the best of my knowledge.*

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Signature

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Date

PHOTO RELEASE

I consent to have photographs of myself or photos that contain a partial image of me to be used in relation to Student Support Services Program publications, websites, displays or printed programmatic material. The sole purpose of this use would be for educational purposes in publicizing the program.

I understand that the SSSP will retain all master negatives, prints, audio/video, analog/digital files/ diskettes and/or portions which may be used for broadcasting, re-broadcasting, cablecasting, direct exhibition, print media, internet, cybermedia formats and other subsidiary purposes, without being limited to use in any media for purposes of publicizing, promoting, and distributing of information for and by the Student Support Service Program.

I understand and accept the above uses, including the copyrighting of any material, to promote the services and related educational programs of Student Support Services and I hereby, for myself, heirs, or agents, release and forever discharge from any claims for any payment for my submitted materials in their productions. I indemnify the University of Hawai'i at Hilo personnel, the State of Hawai'i, and any persons affiliated directly or indirectly with the above presentation or uses with respect to any claims made by me. I understand that no portion of my materials shall be copyrighted, used, or licensed by others for similar or conflicting purposes.

\_\_\_\_ I agree to these conditions

\_\_\_\_ I decline these conditions

I, (the undersigned), give my assurance that I am free to lawfully grant these rights set forth above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CONTACT CONSENT *(Please initial your choice)*

\_\_\_\_ Yes, I consent to being contacted at my classroom or while on the campus grounds. I further allow the SSSP staff to communicate with me via email or by calling me at my home \_\_\_\_\_, work \_\_\_\_\_, or cell phone \_\_\_\_\_.

\_\_\_\_ No, I prefer not to be contacted at my classroom or while on the campus grounds. I prefer to be contacted either at this email address \_\_\_\_\_ or at this phone number \_\_\_\_\_.