



Semester & Year \_\_\_\_\_

**Louis Stokes Alliance for Minority Participation - Faculty Application**

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender:  Male  Female

Ethnicity:  Hispanic or Latino  NOT Hispanic or Latino

Race:  American Indian  Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Hispanic or Latino

**Disability Status (Choose one or more responses):**

- Hearing Impairment Other \_\_\_\_\_
- Visual Impairment None
- Mobility/Orthopedic Impairment

**Discipline:**

- Chemistry Computer Science Life/Biological Science
- Physics/Astronomy Geosciences Agricultural Science
- Mathematics Engineering/Architecture Environmental Science Non Stem

**Faculty Rank:**

- Professor Associate Professor Assistant Professor Industry
- Adjunct Professor Administration Adjunct Staff Other
- Lecturer Researcher National Lab

Mentee: \_\_\_\_\_  
(Last Name) (Middle Initial) (First Name)

Mentee: \_\_\_\_\_  
(Last Name) (Middle Initial) (First Name)

Research: \_\_\_\_\_

\_\_\_\_\_



## Louis Stokes Alliance for Minority Participation Consent and Release for Interview, Photographing, Videotaping, and/or Website Use, and Personal Information.

### **Ball State University**

---

I consent to interview(s), photography, videotaping and its/their release, publication, exhibition, or reproduction to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the university website, fund raising, or any other purpose by the university and/or its affiliates. I release the above mentioned university, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I also consent to release personal information to our funding agency for evaluation purposes only.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, or film taken by the university, or the person or entity designated it by it. I release and discharge the university and/or its affiliates(s) from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints video, film, or sound recording are the property of the university, or the person or entity designated by it, solely and completely.

I declare that I am eighteen (18 years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian). I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

Subject's Name \_\_\_\_\_  
(Last) (First) (MI)

Signature of Subject \_\_\_\_\_ Date \_\_\_\_\_

**If Subject is under 18, the parent or legal guardian, if any, must sign.**

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Name (Please Print) \_\_\_\_\_

List anticipated uses, i.e. brochure, display board, website, etc.: