

# UNIVERSITY of HOUSTON

## LGBT RESOURCE CENTER

### Visibility Project

#### APPLICATION and CONSENT FORM

In celebration of National Coming Out Day 2010, the LGBT Resource Center ran a half page ad in the Daily Cougar listing all "out" UH staff, faculty, students and alumni who voluntarily participated. The list is now posted on the LGBT Resource Center's website [www.uh.edu/lgbt](http://www.uh.edu/lgbt) where it can continue to grow and be a source of pride and inclusiveness for all of UH's LGBT community and allies.

To participate in the Visibility Project (be added to our website and future Daily Cougar ads), please fill out this form and send it to the LGBT Resource Center, Student Center North 201, Houston, TX 77204-4014, fax 713-743-5097, or email [lschroeder@uh.edu](mailto:lschroeder@uh.edu) .

#### **Basic Information:**

Name (with credentials as you would like it listed): \_\_\_\_\_

Email: \_\_\_\_\_ Please post online so LGBT individuals can contact me for support.

Phone: \_\_\_\_\_ Please post online so LGBT individuals can contact me for support.

UH Address: \_\_\_\_\_

\_\_\_\_\_ Please post online so LGBT individuals can contact me for support.

I am a: \_\_\_ Student \_\_\_ Staff \_\_\_ Faculty \_\_\_ Alumnus (year grad. \_\_\_\_\_)

UH Department / Major \_\_\_\_\_

Position / Title (for staff and faculty only) \_\_\_\_\_

I understand that the information I provide on this Application and Consent Form will be made publicly available via the Daily Cougar newspaper, the internet, and a poster posted somewhere on campus. I have evaluated the potential pros and cons involved with sharing this information publically, and I hereby agree and consent to allow the UH LGBT Resource Center to use and publish the information that I have provided on this Application and Consent Form in the manner stated in this Application and Consent Form. I further understand that I cannot withdraw my consent provided in this Application and Consent Form. I represent that I have read and fully understand the conditions of this Application and Consent Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if you are under 18)

\_\_\_\_\_  
Date

Please complete and return this application to Lorraine Schroeder, Director of the LGBT Resource Center at Student Center North 201, Houston, TX 77204-4014, fax 713-743-5097, or email [lschroeder@uh.edu](mailto:lschroeder@uh.edu) .