

**Authorization to Reproduce Name / Physical Likeness / Voice and or Image / Student Work
For Educational, Marketing and Advertising Purposes**

(Where practicable attach a copy of the visual / sound recordings approved by this authorization.)

PRINT - First and Last Name of individual

Parent/Guardian (If individual Under 18 Years of Age)

Address of individual

Address of Parent or Guardian

Telephone Number / email address of individual

Telephone Number /email address of Parent /Guardian

REPRODUCTION RIGHTS

I HEREBY GRANT TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to

- Photograph of ME
- Make recordings of MY VOICE
- Make combined audio-visual recordings of ME and MY VOICE
- Photograph and make recordings of MY (specify)
- Student work (specify type)

I CONSENT TO THE USE OF THESE RECORDINGS BY THE UNIVERSITY OF ALBERTA for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity or for the dates specified _____.

Intended uses:

1. _____
2. _____
3. _____

CONSENT TO DISCLOSE IDENTITY

Individual's identity, as indicated below, MAY MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized University of Alberta website, such as www.ualberta.ca. **Consent takes effect when this agreement is signed.**

FIRST AND LAST NAME **FIRST NAME ONLY** **SCHOOL OR BUSINESS**

Signature of Individual (If Over Age 18)

Date

Signature of Guardian (If Individual is Under 18 Years of Age)

Date

Protection of Privacy - The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of managing the Authorization of the Disclosure of Personal Information process. Questions concerning the collection, use and disposal of this information should be directed to: *(name of office)* *(phone number)*.

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules.