



Authorization for use of Photographs, Recordings, Videotapes and/or Audiotapes in the classroom

I authorize the

Individual / Office / Program

to use the designated recordings photographs, videotapes or audiotapes

Listing of photographs, videotapes or audiotapes to be disclosed

taken on

Date photograph taken or videotapes or audiotapes recorded

for the purpose of

State specific purpose of information release

in the period

State date range for which permission will exist.

Full Name: Student I.D. #: Date:

Signature:

NOTE: Consents may be revoked at any time by so indicating, in writing, to the office seeking consent.

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purposes of managing [specify use(s)]. Questions concerning the collection, use and disposal of this information should be directed to: [contact position, full address, and business telephone number].

This information will be retained and disposed in accordance with approved records retention and disposal schedules of the university.