



## AUTHORIZATION TO USE AND REPRODUCE VISUAL OR SOUND RECORDINGS (including photographs, audio and video recordings)

**PLEASE NOTE:** This form must be attached to, or kept with, the recording AND retained/disposed of in accordance with approved record retention and disposal schedules of the University of Lethbridge

I hereby ☐ grant or ☐ do not grant  
to the University of Lethbridge, including its employees, agents, assigns or other third parties as the University may authorize on its behalf, the nonexclusive right to:

- Photograph me
- Make recordings of my voice
- Make combined audio-visual recordings of my image and my voice
- Use photographs and/or audio visual recordings of myself taken by a third party.

**I authorize the University of Lethbridge:**

To use the designated photographs, videotapes and/or audiotapes:

Name of Event & Venue:	
List/describe photos, audiotapes and videotapes:	
To be taken or taken on	Date:
Or on or about the period	From Start Date: _____ to End Date: _____

For the purpose of:

State specific purpose/s. Examples:
• Educational purposes (such as in-class use), Marketing and Promotional purposes (such as advertisement for science camps, promotion of new programs offered by [Faculty...])

Distributed by/through:

State the specific methods materials will be disclosed. For example: University website, social media (Facebook, Twitter), publications (newspapers, magazines, brochures)

Duration of permission:

Start Date	to End Date
or _____ years from date of signing or <input type="checkbox"/> (put check mark here) No end date	

Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or signature of parent/guardian here if signing for minor child)

**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 purpose of [state specific uses for which the information is collected]. Direct any questions about this collection to the FOIP Coordinator, 4401 University Drive West, Lethbridge, AB, T1K 3M4, 403-332-4620; foip@uleth.ca.