



AUTHORIZATION TO USE AND REPRODUCE VISUAL, SOUND RECORDINGS, or WRITTEN TESTIMONIALS

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
- Use testimonials I provide containing my views or opinions.

I authorize the University of Lethbridge:

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

<i>Name of Person in Event, Lecture, or giving Testimonial:</i>	
<i>List/describe photos, audiotapes, videotapes &/or testimonials' (written testimonial with photo added here if possible)</i>	
<i>To be given or given on</i>	Date:
<i>Or on or about the period</i>	<i>From Start Date: _____ to End Date: _____</i>

For the purpose of:

<i>State specific purpose/s.</i> <i>Examples:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Educational Purposes (such as in-class use) <input type="checkbox"/> Marketing & Promotional Purposes <input type="checkbox"/> Other: _____

Distributed by/through:

<i>State the specific methods materials will be disclosed. For example:</i> <ul style="list-style-type: none"> <input type="checkbox"/> University of Lethbridge websites (uleth.ca website, UofL Moodle, UofL CareerBridge Orbis) <input type="checkbox"/> Social Media (Facebook, Twitter, LinkedIn, YouTube) <input type="checkbox"/> Publications (newspaper, magazines, brochures) <input type="checkbox"/> Other: _____

Duration of permission:

<i>Start Date</i>	<i>to End Date</i>
or _____ <i>years from date of signing (typical 7 years)</i>	or <input type="checkbox"/> 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 collecting, maintaining, and documenting the consent provide to use such images, recordings, or testimonials. Direct any questions about this collection to the FOIP Coordinator, 4401 University Drive West, Lethbridge, AB, T1K 3M4, 403-332-4620; foip@uleth.ca.