UNIVERSITY OF ALBERTA

Authorization for use of Photographs, Audio and/or Video Recordings in the classroom

I authorize the	
	Individual / Office / Program

to use the designated photographs, audio or video recordings	
	Listing of photographs, audio or video recordings to be used or disclosed

taken on	
	Date photograph taken or audio/video recording made

for the purpose of	
	State specific purpose of information release

in the period	
	State date range for which permission will exist

Full Name:	
Student ID#:	
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 4(c) of the Alberta *Protection of Privacy Act* and will be protected, used and disclosed in accordance with Section 10, 12 and 13 of that *Act*. Specifically, it will be used for the purpose of managing personal information including photographs and audio and/or video recordings in the classroom.
The University of Alberta uses automated systems to generate content and to make decisions, recommendations and predictions. The personal information collected may be included in these automated systems.
Direct any questions about this collection to: [contact position, email address, and/or business telephone number].

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