



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.

<p>Protection of Privacy – The personal information requested on this form is collected under the authority of Section 4(c) of the Alberta <i>Protection of Privacy Act</i> and will be protected, used and disclosed in accordance with Section 10, 12 and 13 of that <i>Act</i>. Specifically, it will be used for the purpose of managing personal information including photographs and audio and/or video recordings in the classroom.</p> <p>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.</p> <p>Direct any questions about this collection to: [contact position, email address, and/or business telephone number].</p>

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