I,_____(Name)_____, of legal age, hereby give my consent to the College of Alternative and Lifelong Learning to be part of _____(Title of the Activity)_____video recording and use this for possible materials for instruction and learning. I understand that the video will not be used for other purposes except for the purpose defined in this consent form. I also understand that whatever material that could be developed out of the video recording for ____(Course)_____will be shown to me before its actual use. I also understand that the University will protect my integrity by showing only segments in the video which are worth sharing to those who will view them and will not put myself or the University in a bad light.

_____

Signature over Printed Name/Year and Section

_____

Date

CONTROLLED COPY