**Authorization to Reproduce Name / Physical Likeness / Voice and or Image / Student Work**

**For Educational, Marketing and Advertising Purposes**

(Where practicable attach a copy of the visual / sound recordings approved by this authorization.)

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**PRINT** - First and Last Name of individual Parent/Guardian (If individual Under 18 Years of Age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of individual Address of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number / email address of individual Telephone Number /email address of Parent /Guardian

**REPRODUCTION RIGHTS**

**I HEREBY GRANT** TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to

* Photograph of ME
* Make recordings of MY VOICE
* Make combined audio-visual recordings of ME and MY VOICE
* Photograph and make recordings of MY (specify)
* Personal work (photograph)

**I CONSENT** TO THE USE OF THESE RECORDINGS BY THE UNIVERSITY OF ALBERTA for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity or for the dates specified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Intended uses:

**1. Promoting the University of Alberta including the School of Public Health \_\_\_\_\_\_\_\_\_**

**2. Print materials, web, YouTube\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT TO DISCLOSE IDENTITY**

Individual’s identity, as indicated below, MAY MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized University of Alberta website, such as [**www.ualberta.ca**](http://www.ualberta.ca)**. Consent takes effect when this agreement is signed.**

**FIRST AND LAST NAME  FIRST NAME ONLY  SCHOOL OR BUSINESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual (If Over Age 18) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian (If Individual is Under 18 Years of Age) Date

## Protection of Privacy - The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of managing the Authorization of the Disclosure of Personal Information process. Questions concerning the collection, use and disposal of this information should be directed to the Office of Marketing and Alumni Relations, 780.492.1386.

**This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules.**