

Authorization to Reproduce Physical Likeness / Voice and or Name / Student Work For Educational, Marketing and Advertising Purposes

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

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 of Individual	Telephone Number of Parent or Guardian
REPRODUC	CTION RIGHTS
I HEREBY GRANT TO THE UNIVERSITY OF ALBEIthird party as the University may authorize on its behave the Photograph ME	IE and MY VOICE
I CONSENT TO THE USE OF THESE RECORDING materials, publications and websites and other consist University of Alberta all rights to these audio and visus derived there from. Editing, publication, distribution, but discretion of the University of Alberta, worldwide, in p	ual recordings and all benefits and advantages to be proadcast and use of this material shall be at the sole
Intended uses:	
1. Transferring CMPUT 401 project delivera	bles to the partner organization ("client")
2. Publishing a CMPUT 401 video screenca	st online and making it publicly accessible
3. Publishing CMPUT 401 project details on	a web portal
CONSENT TO D	ISCLOSE IDENTITY
	MAY NOT be included in the resources listed below as format, including any authorized University of Alberta fect when this agreement is signed.
☐ FIRST AND LAST NAME ☐ FIRST NA	AME 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 request 33(c) of the Alberta Freedom of Information and Protection Act. It will be used for the purpose of educational, marketin Questions concerning the collection, use and disposal of the address, and business telephone number]	n of Privacy Act, and will be protected under Part 2 of that and and/or advertising purposes as agreed to above.

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to the office seeking consent.