## Office of the University Solicitor

Name of Photographer: Telephone/Email:

Privacy Consent Form – Photograph, Video and Audio



Consent						
Name:						
Address:						
Telephone:						
Email:						
	☐ Deaki	n Ctoff		Doolin Student		Visitor
	L Deaki	n Staff	Ш	Deakin Student		Visitor
I, the abovenamed, agree to be:						
promotional/commerci	nd consent to the ial materials, tead	ching and learn	ing and re	☐ audio recorded recordings for advertising; n search materials. The image signage/posters and other d	narketing es/sound:	s may be used in web sites
The following purpose(s) [insert detail and delete paragraph above]:						
I understand the copyright in the image/sound files is owned by Deakin University.  Signature:  Date:  Child's Consent  Where the person to be photographed/recorded is a child whom the photographer considers incapable of giving the above informed consent, the child should not sign above and the child's parent or guardian should sign below. Where there is doubt						
Name of parent or G		d ask both the	child and	the parent or guardian to sig	ın.	
Address:	, au aiuii.					
Telephone:						
Email:						
Signature:						
Date:						
use of images/recordin personal information h or by contacting the Of  Staff Use Only  Session Date:	details are colle gs and to be able eld by the Unive fice of the Unive	e to contact yoursity. The Unive	about the ersity's Pri	r to have a record of your co ese if necessary. You have a vacy Policy may be viewed a 7 8524 or by email to <u>privac</u> y	right to a t http://t	gain access to your heguide.deakin.edu.au/
Event or Description	·					
Location:  Name of Faculty/Sch	nool/Division or					