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

I hereby ☐ grant or ☐ do not grant
to the University of Lethbridge, including its employees, agents, assigns, or other third party as the University may authorize on its
behalf, the nonexclusive right to:

- Photograph me
- Make recordings of my voice
- Make combined audio-visual recordings of me and my voice

I authorize the University of Lethbridge:

to use the designated photographs,
videotapes or audiotapes

Description of the performance/lecture and venue
Listing of photographs, videotapes or audiotapes to be disclosed

taken or to be taken on or about or
during the period

Date:
From: _____ to _____
Date photograph taken or videotapes or audiotapes recorded

for the purpose of

State specific purpose of information release (e.g. website posting, advertising, registered class members in Sociology 1000)

Distributed by/through

State the method by which the material will be distributed (e.g. WebCT, website, email, classroom)

in the period

State date range for which permission will exist (e.g. from date to date or indefinitely)

Full Name: _____

Signature: _____

Date: _____

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