



VITERBO UNIVERSITY

CONSENT FOR VIDEO RECORDING AND/OR PHOTOGRAPHY (ACADEMIC USE)

I, _____ of _____
(name) (address)

(city) (state, zip)

(phone number) (email)

hereby authorize Viterbo University and its students to photograph and/or video record me for various educational purposes, including but not limited to, teaching, learning, review, and evaluation. I hereby assign all rights to the release and retention of photographs and/or videos to Viterbo University. I understand that the photographs and videos will be used for educational purposes only. Any other use will require my specific written permission. I certify that I am over 18 years of age and give this consent voluntarily and knowingly.

(signature of student)

(date)