

INDIVIDUAL RELEASE FORM

Name of Depicted Person: Avradip Mazumdar

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Name of Project/Course: ML 24/25-01 Investigate Image Reconstruction By using Classifiers

Date: 29/03/2025

I represent that I am at least eighteen years of age, am competent and have authority to execute this release.

Signature: Avradip Mazumdar Date: 29/03/2025

Name: Avradip Mazumdar Email: avradip.mazumdar@stud.fra-uas.de

Mat.No: 1566651