## Office of the University Solicitor

Telephone/Email:

Privacy Consent Form – Photograph, Video and Audio



Consent					
Name:					
Address:					
Telephone:					
Email:					
	☐ Deakin	Staff	☐ Deakin Student		Visitor
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promotional/comme	and consent to the	ching and lear	□ audio recorded otographs/recordings for advening and research materials. The Journal of the J	rtising; market he images/sou	nds may be used in web site
OR					
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understand the copy	yright in the image,	sound files is	owned by Deakin University.		
			Signature:		
			Signature	•••••	
			Date:		
Child's Consent					
		recorded is a	child whom the photographer	considers incap	able of giving the above
			d the child's parent or guardian		
		-	e child and the parent or guard	-	
Name of parent or 0	Guardian:				
Address:					
Telephone:					
Email:					
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Signature:					
Date:					
Privacy Stateme					
			orm in order to have a record of		
-	-		ou about these if necessary. Yo	_	= -
			versity's Privacy Policy may be I or by email to <u>privacy@deaki</u>		//tneguide.deakin.edu.au/
or by contacting the i	invacy Officer on (	03) 3227 032-	For by chian to privacy wacaki	n.cuu.au.	
Staff Use Only					
Session Date:					
	2.				
Event or Description	1.				
Location:	1 1/51 :				
Name of Faculty/Schother:	nool/Division or				
Name of Photograp	her:				