

**UNIVERSITY CONSENT FORM: ADULTS**

I ..... (full name)

give permission to the University of Canberra to use my:

- Name Yes  No
- Testimonial Yes  No
- Image/photograph Yes  No

in publications and advertisements produced by or for the University of Canberra

I understand that these publications will also be placed on web sites managed by the University of Canberra for public relations and advertising purposes.

I also give permission for the University of Canberra to use the above information relating to me in any **future** publications and websites produced by or for the University of Canberra for public relations and advertising purposes for a period of five (5) years.

Yes  No

My contact details are as follows:

Name (where applicable): .....

Position (where applicable): .....

Organisation (where applicable): .....

The following details will not be published:

Address: .....

Phone: .....Fax:.....

E-mail: .....

I understand that:

- The publication **may** appear on the Internet/World Wide Web (WWW);
- The publication **may** appear in print, electronic, or video media;
- The publication **may enable readers to identify me.**

**Important – please note:**

I understand that if my personal information (name, contact details or image) is published on the Internet/WWW then it will be accessible to users from all over the world.

My information can also be searched for using an identifier such as my name, and may be copied and used by any other person using the Internet/WWW.

Most importantly, I understand that once my personal information has been published on the Internet/WWW, the University of Canberra has no control over its subsequent use and disclosure.

Signature: ..... Date: .....

**Office Use Only**

File number: ..... Photo/image ID number:.....

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