



Personal video and photo consent form

University (if not EUI) : _____

EUI Department/Centre/Programme/Service: _____
(state clearly to which you belong)

Category: (researcher, fellow, staff, professor, visiting, guest, etc.): _____

I, the undersigned _____, hereby
(state clearly name and surname)

give

do not give (please tick as appropriate)

my consent to the publication of my image, likeness, and sound of my voice on audio or video tape on the relevant pages of the Institute's web site, social media, blog(s) and/or on printed publications/materials of the EUI aimed at reporting on or promoting the activities of the EUI.*

In accordance with data protection regulations in force at the EUI and for further information on the Data Protection Policy, you may consult the following links:

Privacy statement for events organised by or held at the EUI (pdf):

<http://www.eui.eu/Documents/AboutEUI/Organization/20022015GeneralPrivacyStatementforEUEvents.pdf>

[Excerpt]

- *Photographs, audio and video recording and live streaming of a public event may be taken. They may be reproduced in various media including EUI publications, the EUI website, social networks, TV channels and the press, in connection with the event, or for further cultural and institutional purposes as well as for promotional activities of the EUI. However, a photograph portraying a particular individual may be published only with the explicit consent of that individual.*
- *If you wish that your image or voice is not recorded and published, for compelling and legitimate grounds relating to your particular situation, please contact the conference organisers who will accommodate your needs, if possible.*

Data protection web page:

www.eui.eu/AboutTheWebsite/DataProtection.aspx

Date: ____ / ____ / ____

Signature:

* For administration:

Consent given for: _____
(state event or purpose)