



CONSENT FORM FOR LECTURE RECORDINGS

VENUE _____

COURSE / MODULE _____

This form is to be signed by the person who has been invited to participate as a guest speaker and has agreed to be recorded as part of the teaching and learning activities undertaken by UCD College of Business.

The purpose of this form is to seek consent for the live video and/or presentation materials and/or live audio recordings to be taken and subsequently used in the manner described and set out in the Lecture Recording policy document.

I, the undersigned, consent to my lecture being recorded by the UCD College of Business. I understand that the recordings may be used for teaching and learning, and/or College promotion purposes only and that copyright in the recordings will be retained by the UCD College of Business.

I, the undersigned, confirm that where material is included in the recording which is the intellectual property, including copyright, of another party, I have permission to include the materials in my lecture for educational purposes.

I, the undersigned, understand that i can subsequently request alterations and amendments to the recording, and also to withdraw my consent by way of writing at any time thereafter.

FULL NAME _____

NAME OF ORGANISATION _____

CONTACT TELEPHONE _____

EMAIL ADDRESS _____

SIGNED _____ DATED _____