



UNIVERSITY OF TORONTO SCOTIABANK INFORMATION COMMONS

Media Production Consent Form

The University of Toronto is hereby authorized to provide live audio/video and to take audio and/or visual recordings of the following:

Title of event: _____

Department: _____

Date of event: _____

Event participant: _____

I further authorize the University of Toronto to provide a recording of the aforementioned event in the following ways:

Initial here

- Live webcast, published link _____
- Live webcast, unpublished link _____
- Archived webcast, published link _____
- Archived webcast, unpublished link _____
- A produced audio and/or visual record of the event _____

Dated this _____ day of _____, 20____.

Signature: _____

Name Printed: _____

Organization: _____

Address: _____

Phone: _____