**Personal video and photo consent form for**

**visitors**

University:

Event title:

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 link: <https://www.eui.eu/About/DataProtection>.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_