Personal video and photo consent form

for

EUI members’ testimonials

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.[[1]](#footnote-1)\*

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 collection of testimonials by members of the EUI-community:

[*please complete the Privacy Statement and insert the link*]

Data protection web page:

[Data Protection at the EUI](https://www.eui.eu/About/DataProtection)

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

Signature:

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

1. \* For administration:

Consent given for: EUI-members testimonial [↑](#footnote-ref-1)