



## MODEL RELEASE - CONSENT FORM

Photograph date: \_\_\_\_\_ Location: \_\_\_\_\_

Model first name: \_\_\_\_\_ Model last name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

If student:

Current/last degree studying/studied: \_\_\_\_\_

If staff member:

Part-time/Full-time job title: \_\_\_\_\_

Part-time/Full-time dept/school/unit: \_\_\_\_\_

I agree to have my likeness (for example: audio, video, photograph and others), my name, and relevant information (for example: degree, employer, club affiliations) published in the University of Auckland or Auckland University of Technology promotional material in any media (for example: website, print, cinema, video and others).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you. Your participation is much appreciated.**

