



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.

