

## Video/recording consent form – group

**Lecture/Event:**

**Date:**

I confirm that the University of Glasgow is permitted to record and feature my image and/or voice for use in the University of Glasgow's podcasts.

*The recording(s) may be retained by, and will only be accessed by, authorised persons of the University of Glasgow or its agents and may be used in the future in University marketing. The recording(s) will only be retained for the stated purpose. The recording(s) are processed by the University in accordance with the provisions of the Data Protection Act 1998.*

Signature	Print name	Email	Matric/staff number

**Return to:**

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