



Hamilton

PERMISSION STATEMENT FOR ARCHIVE OF DOCUMENT, VIDEO OR AUDIO RECORDING OF A HAMILTON STUDENT

Student's name: _____ (please print)

Date of record: _____

Title or description of record: _____

Student: Please **INITIAL** any of the following uses or reproduction methods which you **DO NOT** authorize Hamilton College to make from this project:

_____ Copies for instructional purposes only at Hamilton College.

_____ Copies for any individual requesting them for unspecified purposes.

_____ Broadcast on the Hamilton College closed-circuit cable-TV network.

_____ On-line streaming, for access via the campus network.

_____ On-line streaming, for access from anywhere, via the World Wide Web.

AGREEMENT: I give permission to be recorded or for my document, video or audio recording to be archived. I have read the choices above, and with the exception of any uses I have marked with my initials, I hereby consent to and authorize Hamilton College to use or reproduce any and all document, video/audio recordings that are components of this project, without further compensation to me. I understand that if I have not marked any restrictions above, Hamilton College may assume permission to use the project in all of the above situations.

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____