

HARVARD UNIVERSITY
FACULTY OF ARTS AND SCIENCES

DIVISION OF
CONTINUING EDUCATION



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Authorization and Release Form for Video and Television

I will be a speaker or a student in _____ [name of course] during the _____ semester of 200_ at Harvard University – Division of Continuing Education. I authorize Harvard, and anyone that Harvard may permit, to film, videotape, audio record, and photograph me during my class participation in the course for subsequent broadcast or other dissemination in perpetuity through any media, which includes, without limitation, commercial and public radio and television, cable, and the Internet.

I understand that signing this Authorization and Release Form is not a requirement for participating in the class. I further understand that I will not receive a copy of any film, videotape, audio recording, photograph, or computer file that is or may be produced. I hereby acknowledge that I have signed this release voluntarily as an instrument under seal on this _____ day of _____ [month], 200____.

Signature

Print Name