



## Video Recording Authorization Form

**Participant's Name:** \_\_\_\_\_  
Last First

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State Zip

**Event Date** \_\_\_\_\_

**Event Time** \_\_\_\_\_

**Faculty Name** \_\_\_\_\_

**Department** \_\_\_\_\_

I hereby authorize Adelphi University to record my presentation specified above. I understand that I am giving full ownership of the recorded session to Adelphi University.

\_\_\_\_\_  
Speaker's Signature Date

Please fax completed form to 516-877-4229, attention Alexis Seeley, before the day of the event.