

Photo and Video Consent Form

Students Full Name:		
Date of birth://		
I hereby authorized / do not authorize (Please circle one) the SAIII to use and publish any photographs and/or videos taken by the SAIII abroad experience through any of the activities organized by the pathat I email or share with the SAIIE program.	E staff thro	ough my study
I further acknowledge that my participation is voluntary and that I vocumensation of any type associated for the publication of these		
Note: Please be aware that if you have given SAIIE authorization videos you have the right to cancel or rectify at any time by emai manager to: seanrc@saiie.com		
Facebook Handle (Optional):		
Instagram Handle (Optional):		
Tik Tok Handle (Optional):		
	/	_/
Signature of Student [)ate	