

# Consent form

Creating and release of photographs/  
Video recordings and student data

First name, surname

Address

Phone number

E-Mail

South Westphalia University  
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**I hereby grant permission to the South Westphalia University of Applied Sciences photographer/filmer to take photos/video recordings of me and to publicize those photos/videos along with my first and last name.**

*I hereby grant permission to take and use photographs/video recordings of me. I will not be remunerated for the use of those photographs/videos which may be altered by the University for purposes of brightness, contrast or size if necessary. In addition, by signing this document, I authorize the South Westphalia University of Applied Sciences to use these images/videos in publications along with my first and last name.*

I may revoke the permission granted above at any time in writing.

Date

Signature

Fachhochschule  
Südwestfalen  
Sitz: Iserlohn

Hagen  
Iserlohn  
Lüdenscheid  
Meschede  
Soest

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