



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.