California College of the Arts

Media Services Lecture Capture Speaker Release Form Date:_____ Event:____

Location: ______

Dear CCA Guest Speaker _____

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I agree to be video captured for CCA's archive and

1. (SHARE WITH THE GENERAL PUBLIC) Give my permission to make the video accessible to the general public and to change the format as technologies change:

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OR

2. (SHARE WITH CCA ONLY) Give my permission to make the video accessible only in the CCA buildings or on a closed computer network, only accessible to authenticated users and to change the format as technologies change:

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OR

3. I do not wish to be video captured at this time: