Bluffton University
Permission for Video or Audio Recording of Event

Section A - to be Completed by Bluffton University Faculty/Staff

Date of Event__________ Time Range____________ Location____________

Title or description of event___________________________________________

Person Requesting Recording ________________Email____________________ Tel__________

Final copy format (DVD, Windows Media etc.) _________________________

The Requesting Person agrees that (Check and Initial both items)
_______ Permissions have been obtained from the copyright owner to use any copyrighted
material
_______ Other permissions have been obtained. See the document Bluffton Frequently Asked
Questions Copyright section Video recording/Audio recording

Signature of Person Requesting Recording (requests must be made at least 15 working days
before the event) ______________________________________

Section B - to be Completed by Speaker/Performer

Speaker/Performer: Please circle Yes or No and Initial which reproduction/use options Bluffton
University is permitted with the video or audio recording

Yes or No _____ One permanent copy for the Bluffton Library collection

Yes or No _____ One copy for any individual, upon request, for non-commercial unspecified
purposes.

Yes or No _____ On-line posting/streaming for access within password protected area of
bluffton.edu

Yes or No _____ On-line streaming for public access via the World Wide Web.

Section C - to be Completed by Speaker/Performer

Agreement:

1) I give permission for my presentation/performance to be recorded and for the recording
to be used for academic purposes at Bluffton University. I have read the choices above
and authorize Bluffton University to reproduce (for non-commercial activities only) all
audio/video recordings of me during this event. Video recordings may be edited to add
frames for identifying the presentation. I agree that Bluffton University will not be held responsible if, due to technical difficulty, the presentation could not be recorded.

Printed Name __________________________________________________

Signature________________________________________ Date _________

_____ I would like a copy of any recording made of my presentation

Mailing Address

Name______________________________________________________

Street address________________________________________________

City_________________________________________State_________ Zip___________

Email_____________________  Tel_____________________