

RELEASE AND AUTHORISATION FOR PHOTOS AND AUDIO/VIDEO RECORDINGS

I, the undersigned,			(nam	e and surname)
born in	on	student no	hereby	
		AUTHORISE		
the official photogr	raphers, chosen by I	ULM solely for the (Graduation Day w	hich will be held o
, , ,	nic, television and/or a on film, tape or any otl		f made by third part	ties
entirety and in part, o	authorised third partie on television, radio, Inte ns, in Italy and abroad;	ernet, or other audiovis		
		DECLARE		
material as specified - to release IULM fro	gainst IULM and/or its above either in the cur m any responsibility re t signing this docume	rrent year or in future garding the use that w	years; ill be made of such	material.
In witness thereof,				
Place and date				
	Signati	ure of participant		
Pursuant to Regulation	n (EU) 2016/679, I here	by consent to the proc	essing of my persor	nal data within the
limits and under the co	onditions indicated abo	ove.		
Signature for consent	of the data subject			
Place and date				