



U N I V E R S I D A D
COMPLUTENSE
M A D R I D

CONSENT FOR VIDEO RECORDING

I _____, with DNI/ passport number _____, hereby give my consent to the Universidad Complutense for the recording of my image and voice at the lecture scheduled _____. I also consent to the use of the film material provided in the total and/or partial recording of my image and voice for its dissemination and/or publication on the website and other online academic channels of the Doctoral Programme in _____, for the exclusive purposes of disseminating university activities and institutional promotion. I understand that the use of this material will be used either to enhance research outreach and engagement or for teaching and academic purposes. I hereby expressly state that, through this document, I grant UCM, free of charge, the right to disseminate my Image on the terms herein, reserving the right to withdraw consent at any time. There is no time limit on the validity of this authorization; nor is there any geographical specification as to where it can be distributed.

Date and Place:

Name and Signature:
