



Audio/Video Recording Release

Event _____

Without further consideration, I _____, hereby
(print name)
consent that all audio and/or video recordings made of myself for CORE/RPAC
Education Programming may be kept by the college and used for educational
and other college-related purposes.

CORE has my permission to make copies of the audio/video material:

(Check one) Yes No

Signature _____ Date _____

For RPAC Presentations, fax to Debbie Woods, RPAC Coordinator 614-367-1931,
or save and email to woods@exchange.oucom.ohiou.edu.

For all others, fax to Dan Smith, OU-COM Distance Learning Coordinator 740-593-2402,
or email smith@exchange.oucom.ohiou.edu.