

**For office use only**

**Asset reference number:**

**Asset type:**

**Marketing Lead:**

**Asset Permission Form (photography, video, profile and quote)**

**1. Name**

|  |  |
| --- | --- |
| **Full name** |  |

**2. Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of birth** |  | **Tel/mobile** |  | |
| **Email** |  | | | |
| **Course/job title** |  | | | |
| **Organisation/SHU** (if applicable) |  | | | |
| **Country of origin** |  | **Year of course**  **(if applicable)** | |  |

**3. Terms of agreement**

3.1 We, Sheffield Hallam University, are collecting assets to support our marketing and communications for the purpose of:

* SHU's website, social media accounts and email communications
* SHU's printed marketing materials e.g. brochure and prospectus
* Third party websites, social media accounts, email and printed materials e.g. SHU profiles and SHU adverts.
* Use in local, national and international media publications in all formats including print, broadcast and online to accompany news releases and other public relations materials.

3.2 We will not use your asset for marketing purposes after 5 years, but we may retain a sample in our archives.

3.3 We are under no obligation to use any part of your asset.

3.4 We will not pay you to use your asset or any part of it.

3.5 We will store your personal data and assets securely.

3.6 We will use your name and asset for the marketing purposes listed above.

3.7 We collect data in section 2 for administrative purposes or in case we need to contact you about usage.

3.8 We will not share your data in section 2 with any third party outside Sheffield Hallam University.

**4. Permission**

**Please read the terms of agreement above before signing this form.**

I confirm I own the copyright to my contribution and am not infringing any third party rights.

I give permission for my asset to be used by Sheffield Hallam University for the above marketing purposes.

**Signed .............................................................................................................**  **Date** **........../........../..........**

**Print name** ………………………………………………………………………………………………………………………

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**To be countersigned by a chaperone if person providing contribution is under 16 years of age**

**Signed .............................................................................................................**  **Date** **........../........../..........**

**Print name** ………………………………………………………………………………………………………………………