

Audio-Visual Recording Authorization Agreement

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Lecture/Class Title: _____

Scope of Authorization:

- | | | |
|--|--------------------------------|-----------------------------------|
| (1) Teaching materials (text or digital files) | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| (2) Full recording (video/audio) | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| (3) Video playback on YZU's Intranet | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |

Authorized Signatory:

Signature : _____

National ID No. : _____

Address : _____

Republic of China

Year

Month

Day