

Model Consent Form for General Public

I, _____

Give permission for my photograph, and/or video recording to be taken by SUNY Downstate Medical Center (and/or its agents) for the purposes of publicizing, promoting, marketing, or advertising SUNY Downstate Medical Center's activities, programs, or services.

I understand that my photograph, and/or video recording may be published on SUNY Downstate's website, or in SUNY Downstate publications, or on social media or other media outlets.

I understand that neither I, nor SUNY Downstate, will receive any direct or indirect remuneration as a result of this authorization.

Signature _____

Print Name _____

Address _____

Phone Number _____

Date _____