



**Video Consent Form**

I, \_\_\_\_\_, am currently enrolled at Fairmont State University in the \_\_\_\_\_ program. As such, I acknowledge that academic technologies, online testing, and other virtual deliveries of content may require the audio and/or visual recording of my image for educational purposes.

By signing this form, I hereby consent to and give my permission to be auditorily and/or visually recorded for educational purposes.

Student's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_