Declaration of Consent/Permission to Use Photos

On the ________________ Mr./Ms. ________________ took photos of me that were commissioned by the University of Greifswald.

Reason: _____________________________________________________________________________

I confirm that the photos taken of me
(Please cross off the relevant)

☐ may be used by the University of Greifswald for editorial purposes related to the above-named reason. This encompasses the use and publishing of the photos for distribution to the media and the Informationsdienst Wissenschaft (Germany), on the University of Greifswald’s webpages, in the University of Greifswald’s print media (e.g. flyers, posters, brochures). This also covers the use of the photos in social media.

☐ may be used for the University of Greifswald’s PR purposes related to the above-named reason. This includes the use and publishing of the photos on websites related to the University of Greifswald, in social media related to the University of Greifswald, in print materials (e.g. flyers, posters, brochures) related to the University of Greifswald and the University of Greifswald’s presentation media (e.g. PowerPoint, InfoScreens).

The rights to the photos are assigned for free.

I have been informed that the photos of me that were taken for the above-named reason are being collected, processed, used and transferred in accordance with the General Data Protection Regulation (GDPR). I have also been informed that the collection, processing and use of my data occurs on a voluntary basis. Furthermore, I am aware that I can withdraw my consent at any time, with effect for the future, without being subject to any disadvantages. My withdrawal of consent will be sent to:

University of Greifswald: pressestelle@uni-greifswald.de

If the consent has been withdrawn, as soon as the withdrawal of consent has been received, my data will be archived and no longer used at the University of Greifswald.

_____________________________________________________________
Surname, first name(s)

_____________________________________________________________
Date, Signature

This declaration of consent will be archived by the Press and Media Relations Office.