



Faculty Development Presentation Recording Authorization

Name:

Address:

City:

State:

Zip:

Event Description:

I give permission to the Office of Faculty Development at the University of Nebraska Medical Center (UNMC) to record video/audio of the speaking engagement described above.

I understand that this recording will be used for the LIMITED purpose of faculty/staff development. Access to recorded material will be granted to only UNMC faculty/staff via a password/identity protected learning and development portal exclusively for this use.

I understand that UNMC will not publicize or distribute any recorded material outside of UNMC's faculty development secure portal, nor will any revenues or tuition be generated from this learning material.

Signature

Date