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**Faculty member/Group Leader:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Dept. and course number/name of event:** \_\_\_\_\_

**This recording will be streamed or posted online (please circle one):** Yes No

**AGREEMENT:** By signing this form, you are agreeing to be recorded and have that recording shared via Google Drive to members of the Hamilton College Community upon request (statement A), and you are also agreeing to statement B (copyright) and statement C (liability):

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**LITS/Audiovisual Services, Hamilton College, 198 College Hill Road, Clinton, NY 13323  
315-859-4120 / fax 315-859-4185**

(Continue on additional pages if necessary)

