

The undersigned :

Name :

Address :

Telephone :

Email:

School / Laboratory / Department :

Date of birth :

Certify that I freely agree to be photographed or filmed during my studies at "Institut polytechnique de Grenoble" **and that I authorize " Institut polytechnique de Grenoble " and its constituents,** to publish pictures or videos of myself for their education or scientific communication, on external or internal supports, on print or digital media (i.e. diaries, liflets, posters, web sites, social networks...).

This agreement is valid from my first registration and for the whole duration of my studies at "Institut polytechnique de Grenoble" and 5 years longer.

This agreement is perpetual for Institut polytechnique de Grenoble's diaries.

For any other use, a new authorisation will be asked for.

Certify that I disagree to be photographed or filmed during my studies at "Institut polytechnique de Grenoble" unless I should sign an agreement later than this one, rendering it null and void.

Agreed and accepted,

In:

On:

Signature:

(Day / Month / Year)

WARNING : for minor students, this agreement has to be signed by their parents or other legal representative. It should be confirmed by the student when he comes of age.