

## **Interviewee Photo and Video Consent Form**

name)_	the(xx <sup>th</sup> ) AUN-QA Programme Assessment at(university's(Online/Remote Site Visit) for the publication in any medium of the AUN-
consen	By signing this document, you agree:  1. To allow the recording of your image(s) and to reproduce those image(s) for the publication in any medium of the AUN-QA platforms.  2. To allow the video recording during the interview session for AUN-QA Assessors' reference only. There will be no disclosure of the information with the university or any other third parties.  Please note that
	Signature
	Name
	Position(Head of university's QA unit)
	Date