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Information Services University of Nottingham

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PROGRAMME DETAILS:

RECORDING DATE:

DETAILS OF CONTRIBUTIONS: Sound & Vision Sound only Vision only Studio Location

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SIGNATURE**DATE**.....

ADDRESS

I certify that Iam the parent / guardian of the above named contributor, currently under age 18 years, and consent to the contribution made by them. I further certify that I have read the above release, authorisation and agreement and fully understand the contents therein.

SIGNATURE**DATE**.....

ADDRESS

For and on behalf of the University of Nottingham.

NAME

SIGNATURE

DATE