

## Print, Audio and Video Production Consent Form

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Please complete the Participant details below and return the form to **Samuel Lardner** 

Participant's details:	Coventry University Contact:
Name:	Name: Samuel Lardner Title: Producer
I require/do not require that	Department: Media Production
my name is removed/retained	CSAD
in association with images	Coventry University
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delete as appropriate)	Coventry
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Contact details:	lardners@uni.coventry.ac.uk
Signature:	
Date:	