



STUDENT PHOTO CONSENT FORM

I consent to the collection, use and disclosure of my photograph by Undergraduate Medical Education (UGME), in accordance with its Standard Operating Procedure, for student identification and related purposes including but not limited to:

- SHA ID badge;
- Class composites for staff and faculty;
- One45 student profile; and
- USSU bus pass.

This consent remains valid for four years or completion of Doctor of Medicine Degree, unless earlier revoked in writing by the student.

Name (print) _____
(Surname) (First name)

Student number: _____

Signature: _____

Date: _____