



**MELBOURNE**  
**INSTITUTE OF TECHNOLOGY**

## WITHDRAWAL OF CONSENT TO PUBLISH FORM

**Withdrawal of Consent for publication of images and/or recordings of myself.**

**I, Name:** \_\_\_\_\_ **Student ID (if applicable):** \_\_\_\_\_

**Address:**  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

Hereby withdraw my consent, with immediate effect, for MIT to use images and/or recordings of myself in any future electronic, paper based or other visual publications for promotional or teaching and learning purposes.

I understand that this withdrawal of consent does not apply to any images and/or recordings of myself to which I consented and which were made and/or published prior to the date of signature on this form or to those images and/or recordings, which MIT is required or authorised by law to disclose.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Hand the completed form to Student Services at your campus or send a copy by email to Student Services department:**

**Melbourne:** [studentservices@mit.edu.au](mailto:studentservices@mit.edu.au)

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