文件編號	SMHS-ISMS-3-005-6	新民高中肖像授權同意書 Shin Min High School Portrait Authorization Consent Form	文件類別	機密
版　　次	V1.0		流水號	____-__ -__-_

班級(Class)：_____　座號(No)：_____　姓名(Name)：_____

參加活動(Event):115 學年度扶輪社國際交換生

(Rotary International Student Exchange Program --Academic Year 115)

利用目的(Purpose of Use:)：

本校網站、社群媒體、活動成果報告及活動宣傳。

(School website, social media, event outcome reports, and event publicity.)

利用範圍(Scope of Use:)：

活動期間拍攝、可辨識本人之相片與影片，於前述目的範圍內使用。

(Photographs and videos taken during the event that allow for personal identification will be used within the scope of the aforementioned purposes.)

同意與否之影響(Consequences of Consent/Non-consent)：

本項由您自由決定，且與前述個人資料之提供同意分別為之；如不同意，本校將不會將可辨識本人之相片與影片用於前述目的。

(Your decision is voluntary and is separate from any consent regarding the provision of personal data; if you do not consent, the school will not use photographs or videos that identify you for the aforementioned purposes.)

請勾選(Please have a check(∨)):

☐ **同意(**Consent**)**　　☐ **不同意(**Do Not Consent**)**

學生姓名：(Student Name) _____　**簽名：**(Signature) _____

護照號碼後五碼：_____

(Last 5 Digits of Passport No.)

家長姓名：(Student Name) _____　**簽名：**(Signature) _____

身分證號碼後五碼：_____

(Last 5 Digits of ID No.)

日　期：(Date) _____年(Year) _____月(Month) _____日(Day)