

Harvard-Smithsonian Center for Astrophysics

Release Form

2016-2017 COLLOQUIUM SERIES

* * * *

NAME: _____

DATE: _____

I give my permission to the CfA to record my oral Colloquium presentation to serve it on the public CfA web pages and YouTube.

(Check one) Yes _____

Yes, but display 3 months from now _____

Yes, but display 6 months from now _____

No _____

Your email address: _____

SIGNATURE: _____

Please return to: **CF Video, 60 Garden St., MS 39, Cambridge, MA 02138, USA . Fax: (617) 496-7500.** Thank you.