



MEDIA CONSENT FORM

Introduction

Kirinyaga University is registered as a Data Controller with the Office of the Data Protection Commissioner (ODPC) and is committed to ensuring that data is handled in accordance with the Kenya Data Protection Act, 2019 and its Regulations.

Purpose

Subject to prior and free consent from data subjects, Kirinyaga University may use photographs, audio, and/or video recordings including images of the data subjects both internally and externally to promote the University. These images may be used in print and digital media formats including publications, websites, e-marketing, posters, banners, advertising, film, social media, teaching and research. Some materials may be archived permanently once published.

Our Commitment

Kirinyaga University processes personal data in accordance with its Data Protection Policy and the Data Protection Act, 2019. All personal data collected will be held securely and used only for the purposes outlined in this form.

Your Rights

You may request access to your personal data at any time. You can request correction, restriction, or deletion of your data where applicable. You also have the right to object to processing and request data portability.

You may withdraw consent at any time. However, materials already published may continue to be used. To exercise your rights, contact: dpo@kyu.ac.ke

Complaints

To raise a complaint, contact:

Data Protection Officer
Kirinyaga University

P.O. Box 143 – 10300
Kerugoya, Kenya
Phone: 0709 742 000
Email: dpo@kyu.ac.ke

You may also lodge a complaint with the Office of the Data Protection
Commissioner: <https://www.odpc.go.ke>

CONSENT

Having read and understood this notice, I hereby:

Full Name: _____

Phone Number: _____

Email Address: _____

Category:

Employee Student Alumni Parent

Guardian Partner Visitor

Other: _____

Event Name: _____

I hereby:

Give consent for the use of my personal data (photographs, audio, and/or
video recordings) for the purposes outlined above.

Signature: _____

Date: _____

For Office Use Only

Witness Name: _____

Witness Signature: _____

Date: _____