**AUTHORIZATION FOR THE USE OF PERSONAL IMAGE**

FACULTAD DE ARQUITECTURA

UNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO

P R E S E N T E

I grant my free, specific, and informed consent to the Universidad Nacional Autónoma de México to capture, use, disseminate, and reproduce my image on the occasion of participation in the IASS Annual Symposium 2025 coordinated by Professor Emeritus Juan Gerardo Oliva Salinas at the Research Centre in Architecture, Urban Planning and Landscape, through any means of communication, for educational, research or cultural dissemination purposes, in terms of the first paragraph of article 20 of the General Law on the Protection of Personal Data in Possession of Obligated Subjects.

Likewise, I grant my voluntary and free authorization to the University for my image to be disclosed, published, communicated, executed, publicly represented, distributed, and reproduced on a non-profit basis in any material support, electronically or by any means known or to be known, by articles 86, 87, and 88 of the Federal Copyright Law.

In the same sense, I authorize the disclosure and publication of the contents or materials presented at the event exclusively for the abovementioned purposes.

Finally, this consent and authorization is not subject to a time limit or restricted to any geographical area; however, I am aware that I can exercise my ARCO rights, particularly to oppose or cancel it when it suits my interests, through the Transparency Unit of the Universidad Nacional Autónoma de México, domiciled on the Northwest side of the Olympic Stadium Circuit without number, next to the Annex of the Faculty of Philosophy and Letters, University City, Coyoacán Mayor's Office, C.P. 04510, Mexico City, or through the National Transparency Platform ([http://www.plataformadetransparencia.org.mx](http://www.plataformadetransparencia.org.mx/%22%20%5Ct%20%22_blank)).

In the city of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (date: day, month and year).

KIND REGARDS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name(s) and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Add a copy of the official identification of the subscriber of the document.