



AUTHORIZATION TO PHOTGRAPH/ USE PHOTOGRAPH/ INTERVIEW

Date: _____ Time: _____ a.m. p.m. (check one)

This consent is expressly intended to release the N.C. Division of Services for the Blind and its personnel from any and all liability that would result from the taking and authorized use of these materials.

I hereby authorize the above named to obtain or to permit:

_____ (Name of media outlet / agency / publication / or other person)

to obtain the following of me/my child (check appropriate description(s))

- Photographs Film/Videotape Interview Voice Recording

I agree that the above named may use or permit others to use the materials produced from this session for any of the purposed outlined below. (Check appropriate categories).

- Educational Publications DSB Publications
 Research Materials/Publications Print or Broadcast Media
 Advertising Other _____
 DSB Web Site

If applicable: I agree to the above on the condition that I will not be identified by name.

Name (please print)

Signature

Date

Parent or Legal Guardian Signature (if applicable)

Date

Witness Signature (if required)

Date

Please return to: North Carolina Division of Services for the Blind