



AUTHORIZATION TO PHOTOGRAPH/ USE PHOTOGRAPH/INTERVIEW INSTRUCTIONS

PURPOSE

To obtain the permission of the individual or individual's representative to utilize the individual's photographs, use of photographs and/or interviews for the benefit of the North Carolina Division of Services for the Blind (DSB) and its programs.

PREPARED BY

Employee at the time the information is needed.

INSTRUCTIONS

Date: Enter the two-digit month, two-digit day and four-digit year.

Time: Enter the two-digit hour, two-digit minute, and check AM for morning or PM for afternoon/ evening.

I hereby authorize the above named to obtain or to permit: Enter North Carolina Division of Services for the Blind.

to obtain the following of me/my child (check appropriate description(s)): Check all box(s) for the information that is being collected.

I agree that the above named may use or permit others to use the materials produced from this session for any of the proposed outlined below (check appropriate categories): Check all the categories where the information will be utilized.

If applicable : () I agree to the above on the condition that I will not be identified by name: Check the appropriate box if this is agreeable.

Employee prints the individual's name

Individual signs and dates the form

Parent or legal guardian signs and dates the form if applicable

Witness signs and dates the form if required

DISTRIBUTION

Original: Case Record

Copies: Individual