

(Research Title)
(Researcher's Name)

Photographic Release Form

As part of this project, we will be taking photographs. Please initial in the spaces below what uses of these photographs you consent to, and sign at the end of the release form. Photos will only be used in the ways you consent to. Your name will not be identified in these photos.

1. _____ Photographs can be reviewed by the research team.
2. _____ Photographs can be used for project illustration.
3. _____ Photographs can be used for promotional materials, such as brochures or fliers.
4. _____ Photographs can be used for classroom presentations.
5. _____ Photographs can be used for academic conference presentations.
6. _____ Photographs can be used for fundraising presentations/proposals.
7. _____ Photographs can be used for newspaper or magazine publication
8. _____ Photographs can be posted on a web site for promotional purposes.

Name

Signature

Date