



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.

The North Carolina Division of Services for the Blind to obtain the following of me/my child:

Check the appropriate block to indicate avenue by which the individual agrees to allow DSB to utilize to collect information.

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 the appropriate block to indicate the material that the individual agrees to allow DSB to utilize.

I agree that my name can also be used: Check to agree that the individual's name may be utilized by DSB.

I agree on the condition that my name not be used: Check to agree that the individual's name may not be utilized by DSB.

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