



THE UNIVERSITY
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at CHAPEL HILL

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Photograph/Videotape Release Form

Child's name

Parent's name

To preserve confidentiality of your child's name, we will use only first names in presentations, publications, web sites, or communications regarding this project.

We would like to use photographs and/or videotape of your child using adaptive computer aids we have developed. These photos and videos are useful to demonstrate to others what has been done. Below, you may authorize or not authorize this. Refusing this authorization will in no way affect our work on the project or your child's opportunity to use the computer tools. Please indicate your wishes by circling either YES or NO in response to the following statement:

I authorize the use of photographs or videotapes of my child to help illustrate the computer systems in publications, course web sites, presentations, lectures, television programs, newspaper articles, or in other circumstances, without inspection or approval on my part of the finished product. I have been told that answering "NO" will in no way affect my child's use of the system.

YES

NO

Signature _____

Date _____