



*Center on Human Development and Disability*

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CONSENT FOR PHOTOGRAPHY AND RELEASE OF  
INFORMATION

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I hereby grant permission to the Center on Human Development and Disability**  
*(initial appropriate box[es]):*

- for use of my image in videotapes, photographs and/or electronic media produced by or for the CHDD;
- for use of my name, as well as personal and training information contained in my *Trainee/Fellow Profile*, in such materials.

I understand that such materials are used principally in research and/or training in higher education institutions and field settings. I understand that these materials may be presented at professional meetings. I understand that eventual use cannot be anticipated and that use may continue for a considerable length of time.

I understand that I may cancel this consent by written notice to the CHDD, and that such cancellation is without penalty and will in no way affect academic standing, future medical care or services. I have been given the opportunity to ask questions to secure the information I need to decide whether to grant this consent.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

***University Center for Excellence in Developmental Disabilities:***  
*Adults and Elders, Autism Center, Center for Technology and Disability Studies Clinical Training Unit,  
Community Disability Policy Initiative, Experimental Education Unit, Genetics*