



North Carolina Department of Health and Human Services
Office of Public Affairs

CONSENT TO PHOTOGRAPH / INTERVIEW

Date: _____ Time: _____ a.m., p.m. (circle one)

This consent is expressly intended to release the N.C. Department of Health and Human Services and its personnel from any and all liability that would result from the taking and authorized use of these materials.

I hereby authorize the above named to obtain or to permit:

(Name of media outlet / agency / publication / or other person)

to obtain the following of me/my child (check appropriate description(s))

- Photographs Film/Videotape Interview Voice Recording

I agree that the above named may use or permit other persons to use the materials produced from this session for any of the proposed outlined below (check appropriate categories).

- Educational Publications Department Publications
 Research Materials/Publications Print or Broadcast Media
 Advertising Other (please specify) _____
 Department Website

If applicable: - E K V I I X S X L I E F S Z I S R X L I G S R H M X M S R X L E X - [

Name (please print)

Signature / Date

Parent/Legal Guardian Signature / Date

Witness Signature / Date

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