

Authorization to Obtain/Utilize Images

It is the policy of the University of Kentucky that informed written consent be granted for all photography and/or videotaping.

I, _____ (*) hereby grant Permission to the University of Kentucky to use photographs or videotapes of me or my minor child, to photograph and/or videotape me or my minor child, and/or to supervise any others who may do the photography and/or videotaping, and to use any materials written by my minor child, including testimonials, for the following project:

The Kentucky Peer Tutoring Website, Human Development Institute, University of Kentucky, and related presentations or publications
(Project Name)

I also authorize the University of Kentucky to use and/or permit others to use the aforementioned images in the following educational, informational, and promotional activities without compensation.

___ News Media: _____

___ Institutional Promotion/Advertising: _____

___ Educational Publications/Videos: _____

___ Electronic Publishing (e.g., World Wide Web): www.kypeertutoring.org

Name (Please print)

e-mail

Signature (of individual)

Date

*If the individual photographed or videotaped is under the age of 18 or is under guardianship, please indicate your relationship or authority to consent: _____

Parent or Guardian _____ (if not of legal age)