REQUEST FOR PHOTOGRAPHING,
AUDIO-TAPING OR VIDEO-TAPING
CHILD DEVELOPMENT LABORATORY SCHOOL

INSTRUCTIONS:
Complete the following request form providing specific information and submit to Administrator, Child Development Laboratory School, Department of Human Development and Family Studies, Palmer HDFS Bldg. Suite 1352, Ames, IA  50011. Processing of this request is expected to take several working days to obtain the necessary permissions and signatures.

NAME:__________________________________________________________
DATE:____________________

UNIVERSITY ADDRESS:___________________________________
PHONE:____________________  E-MAIL:___________

COURSE NUMBER AND SECTION (if applicable):______________________________

COURSE Instructor (if applicable):
Describe how these photographs, audiotapes, and/or videotapes will be used:

LABS: (Check all that apply)
Lab 1 (Infants & Toddlers)____        Lab 2 (Program for 2's & 3's)____
Lab 3 (Program for 3's, 4's, & 5's)____          Lab 4 (Program for 3's, 4's, & 5's)____

Please sign the following consent statement:
The photographs and/or tapes will not be used in any publication or other public usage such as poster, advertising, or other media unless specifically noted in this request. All tapes, prints, and negatives will be destroyed after the purpose for the photographing and/or taping has been completed except for personal portfolio use.

SIGNATURE: ______________________________________________________ Date:____________________

Present this permission statement to the head teacher in the identified laboratory school classroom(s) several days before you plan to complete your projects so that arrangements can be made for you.

Name (print) ___________________________has permission to photograph, audiotape, videotape
the children in your classroom who have parental consent.

SIGNED:______________________________________________ ___________________
Child Development Lab School Administrator  Date

Distribution of copies:  Laboratory School Administrator ______  Head Teacher(s) ______
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