_____Approved
_____Not Approved
_____Returned for Revisions

Date of Application_____

ILLINOIS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Child Development Laboratory

REQUEST TO PHOTOGRAPH AND/OR VIDEOTAPE

I. Name(s): _____
Home address: _____
_____
Home phone: _____
Professional address: _____
_____
Business phone: _____
E-mail address: _____

II. University affiliation: ☐ Undergraduate ☐ Graduate
☐ Faculty ☐ CDL parent
☐ Other (please specify) _____

III. Course name and number (if applicable) _____
☐ Other (please explain) _____

IV. Purpose of photography request: _____
_____
_____

V. Photo access
Where will photos appear: _____
Who will be able to view photos: _____

VI. Specifics of photography request
Class designation: _____
Day(s) of visit: _____
Time(s) of visit: _____
Amount of time required: _____
Nature of request (stills, video, faces, hands, etc.): _____
Teacher and/or children (ages, group, etc.):_____
Location: _____

(OVER)

The undersigned agrees that the Child Development Lab may view the results of the photographer's visit and reserves the right to copy specific photographs for its purpose.

In consideration for the permission to photograph, the undersigned hereby agrees and promises that the photographs will not be utilized in any way for commercial gain, nor will they be used in such a way that is detrimental to CDL programs, staff, children, and families.

Acknowledgment for photographs used in publication should read, "Courtesy of the Child Development Laboratory, University of Illinois at Urbana-Champaign".

I have read, understood and agree to abide by the conditions outlined in this Request to Photograph and/or Video form.

Signature	Date