

\_\_\_\_\_ Approved  
\_\_\_\_\_ Not Approved  
\_\_\_\_\_ Returned for Revisions

Date of Application \_\_\_\_\_



# 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. 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.): \_\_\_\_\_  
To Accommodate Request (location, etc.): \_\_\_\_\_

**(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.

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Signature

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Date