

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

INSTRUCTIONS:

Complete the following request form providing specific information and submit to *the Director of the Child Development Laboratory School, Department of Human Development and Family Studies, Palmer HDFS Bldg, Suite 1354, 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.

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) _____

SIGNED: _____

Child Development Lab School Administrator

_____ **Date**

Distribution of copies: Laboratory School Administrator _____ Head Teacher(s) _____ Person Requesting _____ Office File _____