

**AUTHORIZATION TO RELEASE
PHOTOGRAPH, VIDEO, AND/OR
WRITTEN MATERIAL**

Child/Youth's Name _____
(Last) *(First)* *(Middle)*

DSCC ID _____ Birthdate _____

Parent/Guardian's Name _____
(Last) *(First)* *(Middle)*

Parent/Guardian's Name _____
(Last) *(First)* *(Middle)*

By signing this release, I authorize the University of Illinois Chicago Division of Specialized Care for Children (DSCC) and their staff to use photographs, audio/video images, or the likenesses of myself and/or my child, and any written materials for the following purposes:

- Use in print and/or electronic form in DSCC publications, presentations, brochures, newsletters/ bulletins, and websites for educational, public relations or promotional purposes; and
- Use in DSCC education and training activities and materials (including print, online and/or electronic instructional materials).

Specific description of photograph, video, and/or written material to be used for print and/or electronic media:

Please select one:

- ☐ You may use my/my child's photograph, video, and/or written material and full name.
- ☐ You may use my/my child's photograph, video, and/or written material and first name only.
- ☐ You may use my/my child's photograph, video, and/or written material only.

I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my/my child's ability to receive services from DSCC.

I understand that I may withdraw this authorization at any time by written notice unless DSCC has already acted in reliance on this authorization.

I understand that my child's identity and/or my identity may be disclosed in the above photograph, video, and/or written material. I acknowledge that I/my child will not receive any compensation for the use of the photograph, video, and/or written material as listed.

Parent/Guardian Signature

Date

Child/Youth Signature

Date