



## Photo Permission Form

Please provide the following information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Gender: ? Male ? Female  
Name of Current School \_\_\_\_\_  
Name of School Contact : \_\_\_\_\_ Telephone: \_\_\_\_\_  
School Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

### Photo Permission

I agree that all photos or videos taken at Brookhaven National Laboratory may be used at the discretion of the Laboratory (please circle one.) Yes No

\_\_\_\_\_  
**Student's name - please print**

\_\_\_\_\_  
**Signature of student**

\_\_\_\_\_  
**Parent or Guardian - Please print  
(if student is less than 18 years of age)**

\_\_\_\_\_  
**Signature of parent or guardian**

When appropriate, would you like us to notify your local newspaper and/or send photos of your activities here at Brookhaven National Laboratory? Yes No

Name and address of your local newspaper: \_\_\_\_\_  
\_\_\_\_\_