



Photo Permission Form

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: _____
