



PERMISSION TO USE **Photographs / Video / Comments**



MMHF USE ONLY	
SUBJECT'S NAME	DATE
ADDRESS	PHONE
PARENT OR GUARDIAN (IF APPLICABLE)	RELATIONSHIP
ADDRESS (IF DIFFERENT)	DAYTIME PHONE
PHOTOGRAPHER / INTERVIEWER	DATE PHOTOGRAPHS/VIDEO/COMMENTS TAKEN
PURPOSE OF PHOTOGRAPHS / VIDEO / COMMENTS	
DESCRIPTION OF PHOTOGRAPHS / VIDEO / COMMENTS	
DESCRIPTION OF SUBJECT (PHOTOS ONLY)	
CONFIDENTIALITY RESTRICTIONS ☐ NO RESTRICTIONS ☐ NO IDENTIFIABLE FEATURES ☐ NO NAMES NOTE: _____ _____ _____	FROM TIME TO TIME, PHOTOGRAPHS TAKEN FOR ONE PURPOSE ARE SUITABLE FOR OTHER USES. CAN THESE PHOTOGRAPHS BE USED FOR OTHER PURPOSES? ☐ YES, FOR ANY REASONABLE USE ☐ FOR MMHF USE ONLY ☐ YES, WITH ADDITIONAL PERMISSION ☐ NO
I HEREBY GIVE MY PERMISSION TO USE THE PHOTOGRAPHS / VIDEO / COMMENTS DESCRIBED ABOVE TO BE USED IN THE WAYS INDICATED ABOVE. _____ SUBJECT'S SIGNATURE _____ PARENT OR GUARDIAN'S SIGNATURE (IF NECESSARY)	
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