



UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

FOR PHOTOGRAPHIC SUBJECT

I give permission for my photograph to be used by the UNC Gillings School of Global Public Health in any and all of its print and online publications, for an unlimited time. I understand that other individuals and media outside the School will be able to see the photo.

Description of photo or photos (date taken, setting, photographer, etc.):

Signed by:

Photographed adult

Date

Adult's address: _____

Adult's telephone(s): _____

Adult's e-mail: _____

Signature of witness: _____ Date _____



UNC
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FOR PHOTOGRAPHER

I give permission for photographs I have taken (see description below) to be used by the UNC Gillings School of Global Public Health in any and all of its print or online publications, for an unlimited time. I understand that other individuals and media outside the public health school also will have potential access to the low-resolution version of the photo by way of its appearing online.

Permission must be obtained from the parent or guardian of any minor child who appears in a submitted photograph we use. (See next page.)

Signed by:

Photographer/Company Name

Address: _____

Telephone(s): _____

E-mail: _____

Signature, Photographer _____

Signature, School of Public Health representative _____

Date: _____

Description of photograph(s), including name and date of event:



I give permission for the attached photograph of my minor child

_____ (print full legal name of child)

to be used by the UNC Gillings School of Global Public Health in any and all of its print or online publications, for an unlimited time. I understand that other individuals and media outside the UNC Gillings School of Global Public Health also will have access to the image. School personnel will not share high-resolution versions of the image with entities outside the University of North Carolina at Chapel Hill.

In the case of a minor child, contact information will be stored in confidence and will not be given to others for any purpose other than as a record of my permission on this occasion.

Initial here if we may name the child in text or photo caption:

When the child is named in photo caption or text, this name will be used:

_____ (Designate "same as above" or state a preferred or nickname; include surname if we have permission to use it.)

Signed by:

Parent or Guardian of photographed minor child

Date

Print Parent or Guardian Name

Adult's relationship

Name of minor child

Adult's address: _____

Adult's telephone(s): _____

Adult's e-mail: _____

Signature of witness: _____

Date _____

For questions or concerns, contact Ramona DuBose, director of communications, UNC Gillings School of Global Public Health, phone 919.966.7467 or ramona_dubose@unc.edu.