

FIGURE 7.5 Example of Photo Release Form Based on Suggestions From Duke University

Photo Release Form

Name of Researcher _____

Name of Institution _____

Address of Institution _____

I understand that I am being asked to provide permission for [insert researcher's name] to use photograph(s) taken of me dealing with [describe the material to be released, i.e., the content of the photographs and the date taken, if possible] to be used in research about [insert title or description of the study].

I understand that I have been asked to have my photograph(s) used in the following ways: [insert ways the material would be used, such as 1) being shown to participants in an online experiment; and 2) used in presentations and print and/or electronic publications].

[If the researcher has guaranteed that the individual's name will not be used, include a statement such as] I have been told that my name will not be used in any presentation of my photograph.

I understand that signing this release is voluntary, and that I am not required to do so, even though I gave permission for the photographs to be taken.

I am at least 18 years of age, have read and understand the statements in this document, and voluntarily agree to the release of my photograph(s) for the purposes of the described research.

Printed name _____

Signature _____

Date _____
