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Photograph/Videotape Release Form

Child's name Parent's name To preserve confidentiality of your child's name, we will use only first names in presentations, publications, web sites, or communications regarding this project.			
		adaptive computer aid useful to demonstrate authorize or not authorize affect our work on the	chotographs and/or videotape of your child using dis we have developed. These photos and videos are to others what has been done. Below, you may prize this. Refusing this authorization will in no way project or your child's opportunity to use the se indicate your wishes by circling either YES or NO in ing statement:
		illustrate the co presentations, le other circumsta finished product	use of photographs or videotapes of my child to help imputer systems in publications, course web sites, ectures, television programs, newspaper articles, or in inces, without inspection or approval on my part of the it. I have been told that answering "NO" will in no way is use of the system.
YES NO			
Signature	Date		