I give consent for the Center on Disability and Community Inclusion (CDCI) at the University of Vermont to photograph, video tape, audio tape, and/or quote, and to use my name, without any compensation to me:

__________________________________________

print name

For use in educational and public awareness products, including newsletter articles, brochures, videos, CDCI Web site and other media.

• I waive any right to see and approve the final version.
• I understand that I may revoke my consent at any time by written notice to CDCI.

Signature: ___________________________ Date: ______________

Relationship (if signed by parent or guardian): ___________________________

Address: _______________________________________________________

For CDCI’s files: Media Product Name: __________________________________

CDCI Project: __________________________ Project Coordinator: ______________

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