

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

National Institutes of Health

 Office of Communications

 1 Center Drive, MSC 0188 Bethesda, MD 20892-0188

 (301) 496-4461

 FAX (301) 496-0017

|  |  |
| --- | --- |
|  | Please direct questions regarding Science Day for Students at NIHto scienceday@mail.nih.gov   |

**AUTHORIZATION**

I, , authorize The National Institutes of Health (NIH) to record and/or broadcast interviews, films, recordings, livestreams, or photographs of me taken with my knowledge and agreement. The recordings and livestreams may be used by NIH for the development, promotion and broadcast or distribution in any medium of science, health or educational programming. NIH is entitled to edit, copy, adapt or translate the contribution and authorize others to do so in connection with NIH projects.

Date Student Name Printed

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Student Signature

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Legal Guardian Name Printed

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Legal Guardian Signature

 ­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Email address