

Model Release

Please type or print information clearly

I hereby give the FNL contractor permission to record my image and/or voice, and grant the FNL contractor all rights to use these still, sound, or moving images in any medium for educational, promotional, advertising, or other purposes that support the missions of the FNL contractor and/or the National Cancer Institute. I agree that all still, sound, or moving images belong to the FNL contractor and may be retouched or enhanced as deemed appropriate by the owner.

Model Information

1. First Name	2. Last Name
3. Organizational Affiliation or Laboratory Name (your university)	
4. Telephone	5. E-mail Address

Employment Identification

6. Model is: <input type="checkbox"/> U.S. Government Employee (Agency, Institute, Branch) <input type="checkbox"/> Contractor Employee (Name of Contractor) <input checked="" type="checkbox"/> Other (Specify): Student collaborator
--

Limitations on use

7.

Signature of Model (if 18 years or older)

8. Signature	9. Date
--------------	---------

Signature of Parent or Guardian (if a minor)

10. First Name	11. Last Name
12. Signature	13. Date

Signature of Witness

14. First Name Amanda	15. Last Name Paulson
16. Signature	17. Date

Form must be sent to Scientific Publications, Graphics & Media (SPGM) in Building 362, where it will be kept on file.

SPGM Internal Use:

18. SPGM Job Number
