

**PERMISSION FORM FOR PICTURE TAKING**

I, \_\_\_\_\_ give my consent to  
\_\_\_\_\_, a student at the College of Charleston, South  
Carolina, to take picture(s) of me and/or of my work on **Date**\_\_\_\_\_.

I understand that this student is undertaking a course in **Research Methods in  
Expressive Culture (Anth 319)** during the **Spring Semester, 2009**.

I understand that the picture(s) may become part of the student's larger research project  
and/or may be used to demonstrate the kinds of activities in which College of Charleston  
students are actively engaged.

I understand that the picture(s) that are taken on today's date may be used for display  
purposes at the College of Charleston.

I understand that the College of Charleston may make use of the picture(s) for  
fundraising purposes, to attract students to the College of Charleston, etc.

I understand that pseudonyms will be used to protect my identity if I desire.

I understand that I can discontinue participation at any point during the picture-taking  
process and that I am not required to participate in this project after today's date unless  
other consent forms are presented for my signature.

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Name (printed) and \_\_\_\_\_ Signature \_\_\_\_\_

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Full Address and Zip code \_\_\_\_\_

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E-mail address \_\_\_\_\_

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Telephone Number(s) \_\_\_\_\_

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