PARTICIPANT PHOTOGRAPHIC/INFORMATION RELEASE FORM

_____
Participant Name (please type or print legibly)

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This form must be notarized.

☐ **I do not give** my consent for NIDDK, its agents or grantee institutions to utilize any photographic, videotaped, audiotaped, or e-mailed quotes from me in the aforementioned stated manner.

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_____   _____
Signature of Student Participant   Date

_____   _____
Signature of Parent/Guardian   Date

_____
Permanent Street Address

_____   _____   _____
City   State   Zip Code

State of [   ] County of [| | | | | | | | | | | | | | | | | | |]

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

[| | / | | / | | |]
Date of notarization (MM/DD/YEAR)

[| | / | | / | | |]   _____
Date Commission Expires (MM/DD/YEAR)   Signature of Notary Public (Seal)