*Note: This is a <u>sample</u> release. You will need to identify appropriate language for your circumstances.



National Institutes of Health Office of Communications 1 Center Drive, MSC 0188 Bethesda, MD 20892-0188 (301) 496-4461 FAX (301) 496-0017

AUTHORIZATION

Action	ZATION
I,, authorize The	National Institutes of Health (NIH) to record
and/or broadcast interviews, films, recordings, or photographs of me taken with my knowledge	
and agreement. The recordings may be used by NIH for the development, promotion and	
broadcast or distribution in any medium of science	e, health or educational programming. NIH is
entitled to edit, copy, adapt or translate the contrib	ution and authorize others to do so in
connection with NIH projects.	
Date	Printed Name
Signature	-
Signature	
Email address:	-
Ellian audiess.	