



DT9092

**AUTHORIZATION FOR :
PHOTOGRAPHS, FILMS, TAPE-RECORDINGS,
VIDEOTAPES AND OTHER DOCUMENTS**

File No.:

Date of admission:

I, the undersigned, _____

Authorize the establishment _____

To make the:

	YES	NO
Photographs	<input type="checkbox"/>	<input type="checkbox"/>
Films	<input type="checkbox"/>	<input type="checkbox"/>
Tape-recordings	<input type="checkbox"/>	<input type="checkbox"/>
Videotapes	<input type="checkbox"/>	<input type="checkbox"/>
Other documents (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Requested by _____

and to utilize and publish them for the following medical, scientific or educational purposes: _____

I authorize the utilization and publication of the photographs, films, tape-recordings and other documents in the following manner:

a) preserving anonymity:

or

b) permitting identification.

Signatory: user or authorized person

Year	Month	Day
_	_	_
Date		

Witness to the signature

Year	Month	Day
_	_	_
Date		

N.B.: It must be assured that the persons signing this form are authorized to do so in accordance with the legislative texts in force. Where necessary, please indicate the capacity (guardian or holder of parental authority) in which the person is authorized to sign.