

Permission for the use of Visual/Audio Data

Date

I give Dr. Yoshida and her research assistants permission to use the:

Photograph(s) and/or Videotape(s)

of myself (Your name here)

and of my child(ren) (your children's names)

For use in:

classroom/educational presentations publication in scientific journals

conference presentations and for participant recruitment materials.

Furthermore, I give permission for the photographs to be used in Dr. Yoshida's Cognitive Development Lab's web page.

I UNDERSTAND THAT NO CHILDREN'S NAMES WILL EVER BE LABELED AND THAT I CAN WITHDRAW MY CONSENT AT ANY TIME.

Parent Signature

Date