

AICI PROFESSIONAL PHOTOGRAPHER FORM

CHILD'S WORKER INSTRUCTIONS:

Complete top of form; retain pink copy and insert in child's record. Give white and yellow copy intact to photographer.

PHOTOGRAPHER INSTRUCTIONS:

PHOTOGRAPH CHILDREN AGAINST A SOLID LIGHT BACKGROUND

COMPLETE COPYRIGHT RELEASE FORM BELOW. Keep yellow copy for your work records; write child's first name and DCFS I.D. number on label and affix label to back of the photo; send white copy, statement of charges, and photo to:

Adoption Information Center of Illinois
120 West Madison Street, Suite 800
Chicago, Illinois 60602
(312) 346-1516
www.adoptinfo-il.org
aici@adoptinfo-il.org

The following child/children require one color glossy photo (7" tall x 5" wide vertical photo for an individual child; 5" tall x 7" wide horizontal photo for sibling groups). Payment rate for professional photographs — up to \$35 for 1 child; up to \$40 for a siblings group of four or less; up to \$10 per sibling for a group of five or more. Photograph together brothers and/or sisters who are to be adopted together. (Use one AICI Professional Photographer Form for each individual child or each sibling group).

Child or Siblings First Name(s): _____

DCFS I.D. Number(s): _____

Agency: _____

Agency Address: _____

Child's Worker: (print) _____

Agency Phone No.: _____

Worker Signature: _____

PHOTOGRAPHER COPYRIGHT RELEASE

Photography Studio: _____

Address: _____

City/State/Zip: _____

Telephone: _____

I, _____, _____
(Name) (Title)

of the above named firm, as the copyright owner of photograph(s) of

(Name(s) of child or siblings, minor ward(s) of the IL Dept. Children & Family Service)

grant permission to the *Adoption Information Center of Illinois* to copy or reproduce the photograph(s) for any purpose. I hereby waive any expiration date for this release.

Date: _____