



MODEL RELEASE

I hereby consent to and authorize the use and reproduction by Seattle Community College District (SCCD) and its agents, of any photograph, image, likeness or testimonial statement which you have this day taken of/from me for any purpose to further the educational goals of the schools/ colleges without further compensation to me and/or my agents(s). All negatives, positives, prints and recordings shall constitute SCCD's property, solely and completely. Photos may be used for Website or printed materials.

Signature _____ Date _____

Name (please print) _____

Address _____ Phone _____

Des/Loc/Date _____

Parent or Guardian (if minor) _____ Date _____
Signature

Witnessed by _____ Date _____

(Please return completed release forms to the SSCC Public Information Office.)



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