

NCCCS COMPENSATORY EDUCATION PROGRAM
PHOTOGRAPHIC RELEASE FORM

DATE: _____

I, _____, hereby agree to allow the photographs,
Name of Individual to be photographed

videos or voice recording of me taken (recorded) by _____
Program and Name of CC

_____, or any reproduction of the same in which I may
be included in whole or in part. Any photograph, video, or voice recording of
me can be used in the following manner:

(The above named individual must initial to indicate approval to be used in ways indicated below)

_____ Use in Externally and Internally Program Training.

_____ Use in Community College and/or NCCCS Office
Publications, Displays or Presentations.

_____ Use in Newspapers or other General Public Media.

_____ Any or all of the above.

Signature of Individual being Photographed

Date: _____

Witnessed:

Date: _____