



SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • CONTINUING EDUCATION

Standard Release Form

I hereby authorize the San Diego Community College District and any news-gathering organization to publish my photograph, video and/or audio tape of me, with or without using my name, for use in news programming or electronic or print publication of college or continuing education information material, multimedia presentations, the internet, television public service announcements, or for use in any lawful manner deemed appropriate for public information by the San Diego Community College District and/or news organizations.

Name: _____ **Address:** _____

Email Address: _____ **City/State/Zip:** _____

I represent that I am 18 years of age, and have the right to enter into this agreement.

Signature: _____ **Date:** _____

I am under 18 years of age.

Signature of parent or guardian: _____ **Date:** _____

Name: _____ **Address:** _____

Email Address: _____ **City/State/Zip:** _____

I represent that I am 18 years of age, and have the right to enter into this agreement.

Signature: _____ **Date:** _____

I am under 18 years of age.

Signature of parent or guardian: _____ **Date:** _____

Name: _____ **Address:** _____

Email Address: _____ **City/State/Zip:** _____

I represent that I am 18 years of age, and have the right to enter into this agreement.

Signature: _____ **Date:** _____

I am under 18 years of age.

Signature of parent or guardian: _____ **Date:** _____

Name: _____ **Address:** _____

Email Address: _____ **City/State/Zip:** _____

I represent that I am 18 years of age, and have the right to enter into this agreement.

Signature: _____ **Date:** _____

I am under 18 years of age.

Signature of parent or guardian: _____ **Date:** _____