

GENERAL AUTHORIZATION AND RELEASE FORM

PLEASE FILL OUT FORM **COMPLETELY**. WE ARE UNABLE TO PROCESS OTHERWISE.

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY/STATE _____ PHONE _____

HOMETOWN _____ PROGRAM OF STUDY _____

DATE OF BIRTH _____ GENDER MALE FEMALE CAMPUS _____

SOCIAL SECURITY # _____ EMAIL _____

I hereby give DMACC the irrevocable right to use photographs taken of me today by DMACC to be used in all forms of media and in all manner, including electronic media and/or composite representations, for advertising, trade or any lawful purposes. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith *Please note: There is no guarantee that your photos will be used.

Please check below if:

- I am in good standing with DMACC
- I will allow my name, town and program of study to appear with my photo in any of the above media
- I will allow any quote I provide about DMACC appear with my photo in any of the above media
- I give permission to have a background and criminal record check completed**
- If it is found that you have been charged or convicted of a felony in any state you will not be allowed to participate in any form of any of the above media**
- I am 18 years of age or older. *(Note: We cannot photograph you unless you are at least 18 years or older without a parent's consent)*
- I understand that I will not receive any monetary payment for the use of these photos
- I have read this release and am fully familiar with it's content

SIGNATURE _____

DATE _____