



Photo Release Form – Adult

I give consent for photographs to be taken and used (or a fair likeness of my appearance to be used) by the college in electronic and print media, publications, slide shows, promotional activities and programs, or for any other appropriate purpose, at the discretion of Mott Community College.

Name (please print)

Permission Signature:

Date: _____

OFFICE USE:

Publication name, event or subject area:

Photographer: _____



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