



RELEASE FORM

I hereby grant to Southern State Community College permission to use my photograph, video recording, audio recording, testimonial, statement and/or information for publicity, advertising and/or promotional purposes for the college.

I give permission for _____ to use:
(name of faculty/staff)

(specify photograph, video recording, audio recording, testimonial, statement, etc.)

for the following purpose: _____

PRINTED NAME: _____

SIGNATURE: _____

*PARENT/GUARDIAN SIGNATURE: _____
(Required if individual is under the age of 18)

DATE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____