



**Consent to Photograph/Videotape**

I hereby give the Austin Community College District (ACC) the right to use, reproduce, and to permit the use to others etc., of all photographs, negatives, film and video taken of me for educational, publication, or marketing purposes without further compensation and consenting that all this material shall be solely and completely the property of ACC.

I hereby certify that I am 18 years of age or over, and competent to sign my own name. I also certify that I have read and completely understand the contents of the above release before affixing my signature below.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Contact info (phone or email) \_\_\_\_\_ Major \_\_\_\_\_

Today's date \_\_\_\_\_ Expected graduation/transfer date \_\_\_\_\_

**Individuals under the age of 18 need a parent or guardian signature.**

Signature of Parent/Guardian:

Name \_\_\_\_\_ Signature \_\_\_\_\_



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