

DUTCHESS COMMUNITY COLLEGE  
PHOTO RELEASE AND INFORMATION

I hereby give Dutchess Community College permission to use my child's photograph in any matter whatsoever, in any print, web or other form, either along with or in addition to other persons, or in conjunction with text of any manner of any nature whatsoever. I release Dutchess Community College from any liability of any and every nature in connection with the use of my child's photo.

Full Legal Name of Child (Name will not be used)

(Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

For photo identification, please state your child's age and describe his/her general appearance - height, hair color and style, etc.

\_\_\_\_\_  
\_\_\_\_\_

I do not give permission for my child to be photographed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date