



COLORADO COMMUNITY
COLLEGE SYSTEM

Photography Release

Today's Date: _____

Date Photo(s) Taken: _____

By signing below, I/we hereby irrevocably consent to and authorize the use and reproduction by the Colorado Community College System, of any and all photographs which the System staff or its agents have taken of me/us, on the date specified above, for any purposes whatsoever, without compensation to me. All negatives, positives and digital images, together with the prints and electronic images shall constitute the Colorado Community College System's property, solely and completely.

Name(s) of Person(s) Photographed:

PERSON 1. _____ PERSON 2. _____

PERSON 3. _____ PERSON 4. _____

Address(es):

PERSON 1. _____ PERSON 2. _____

PERSON 3. _____ PERSON 4. _____

Phone Number(s):

PERSON 1. _____ PERSON 2. _____

PERSON 3. _____ PERSON 4. _____

E-mail address(es) - for copy of photos:

PERSON 1. _____ PERSON 2. _____

PERSON 3. _____ PERSON 4. _____

Signature of Parent or Guardian for Person(s) Photographed That Are Under 18:

PERSON 1. _____ PERSON 2. _____

PERSON 3. _____ PERSON 4. _____

Signature of Person(s) Photographed That Are 18 or Over

PERSON 1. _____ PERSON 2. _____

PERSON 3. _____ PERSON 4. _____

FOR CCCS STAFF ONLY (PHYSICAL DESCRIPTION OF SUBJECT(S)):