



YOUTH ARTS TECHNOLOGY PROGRAM

RELEASE FORM FOR PHOTO/VIDEO AND NEWS

I agree that a photograph, video and/or information about my child, including quotes from interviews, can be used in articles about SUNY Westchester Community College or to promote the College and its programs and services in publications, advertising, video, and publicity. I give this permission with no expectation of any payment.

Date: _____

Print Student Name: _____

Print Parent Name: _____

Parent Signature: _____

Address: _____

Phone: _____

Email: _____

I **DO NOT** agree that a photograph, video and/or information about my child, including quotes from interviews, can be used in articles about SUNY Westchester Community College or to promote the College and its programs and services in publications, advertising, video, and publicity.

Date: _____

Print Student Name: _____

Print Parent Name: _____

Parent Signature: _____