



# SEATTLE COLLEGES Release Form

Central · North · South · SVI

For good and valuable consideration, I hereby consent to and authorize the use and reproduction by Seattle College District and its agents, of any photograph, image, likeness or testimonial statement which you have this day or previously taken of/from me for any purpose to further the education goals of the schools/colleges without further compensation to me and/or my agents(s). I further consent to the use of my name in connection with such records. All negatives, positives, prints, electronic images and recordings shall be Seattle College District's property, solely and completely. Photos may be used for Website, social media, printed material, college advertising, and videos.

I release the College, its successors and assigns, and agents from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished records. However, I may request and be provided a copy of any such record that is used by the College for the above-stated approved purposes.

Signature \_\_\_\_\_ Date

Name (please print) \_\_\_\_\_ Date

Area of Study \_\_\_\_\_

email address \_\_\_\_\_ Phone

Parent or Guardian (if minor) \_\_\_\_\_ Date

Signature

Please return completed release forms to the Public Information Office.