



Release Form

Date _____

I, _____ (*please print*), **give** Hudson County Community College **permission to record my image and/or voice** and grant Hudson County Community College all **rights to use these sound, still, or moving images** for promotional and recruitment purposes, which may include publications, print and broadcast advertisements, the Hudson County Community College website, and other purposes that support the mission of the College. I agree that the rights to the sound, still, or moving images belong to Hudson County Community College.

I also grant permission to Hudson County Community College to use my **name and/or biographical material information** for promotional and recruitment purposes, which may include publications, print and broadcast advertisements, the Hudson County Community College website, and other purposes that support the mission of the College.

I understand that I will receive no compensation for my participation and that I have no claim on the finished product.

Signature _____

I am 18 years of age or older Under the age of 18*
* If you are under the age of 18, your Parent or Guardian must give permission by signing below.

Parent or Guardian Name (Print) _____
Parent or Guardian Signature _____ Date _____

Student Address _____ E-mail _____
_____ Phone _____

For Office Use Only

Project _____