



PLEASE READ AND SIGN

Photography Release Form

I (**printed name**) _____, give permission to be photographed (by Copiah-Lincoln Community College and or local media) during any all-Special Interest programs. I understand the photographs may be used for news stories, publicity, and promotion and that no compensation will be made to me or any of my family members.

____ I give only Copiah Lincoln Community College permission to photograph me during all Special Interest programs.

____ I give Copiah Lincoln Community College and local media permission to photograph me during Special Interest programs.

____ No, I do not give Copiah Lincoln Community College permission to photograph me during any Special Interest programs.

____ No, I do not give Copiah Lincoln Community College and local media permission to photograph me during any Special Interest programs

Name (sign): _____

Date: _____