

# Grant of Right to Use Name and Photograph

## Media Release of Liability

*I/We, the undersigned, grant permission to the Colleges of the System of Connecticut Community Colleges, which includes Middlesex Community College, to use without compensation of any kind my name, my degree or area of study, my hometown, and/or photographs of me or my child for publicity, promotional, or advertising purposes in all forms and media (for example, Facebook, Twitter, YouTube, Ustream, newspapers, TV, brochures, posters, and other forms and media) and in all manners, including composite representations, for trade, educational, or any other lawful purposes of the System of Connecticut Community College's choice.*

*The permission I/we grant herein includes my consent under the Family Educational Rights and Privacy Act (FERPA) to disclose as part of my education record my name and photographic image for the purposes and in the manner stated herein.*

*I/We hereby release and discharge the Board of Regents and the Colleges of the System of Connecticut Community Colleges and their agents, officers and employees from any claims, suits, or liability whatsoever for invasion of privacy, distortion or alteration of photographs, libel, slander or otherwise in such use.*

*I/We waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I/We have read this release and am fully familiar with its contents. (If under age 18, parent or guardian must also sign.)*

**1.** (please print name) \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) Phone: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**2.** (please print name) \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) Phone: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**3.** (please print name) \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) Phone: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**4.** (please print name) \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) Phone: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_