



ALVIN COMMUNITY COLLEGE

Photo/Video Release Form

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I agree that Alvin Community College may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and under stand the above:

Printed Name: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

Signature: _____

Signature of parent or guardian (if under the age of 18): _____