



QUINSIGAMOND COMMUNITY COLLEGE PHOTO/INFORMATION RELEASE FORM

Print Name: _____ **Signature:** _____

Address: _____ **Phone:** _____ **Email:** _____

I AGREE TO have my picture taken (whether in 35mm film, electronic digital, electronic video, or other format) in, about, and around the campus of Quinsigamond Community College, 670 West Boylston St., Worcester, MA. and at any of its off-campus locations, including but not limited to, the Training and Education Center, QCC Southbridge, QCC at Burncoat, QCC at the Worcester Senior Center, QCC at Assabet or any business/company/health organization location(s) where class/training/workshop/seminar/clinical/work sessions may be/are occurring.

In addition, I hereby **give** the College the **exclusive right/my permission** to reproduce and use my picture and/or likeness in any format, whether print or electronic, for the purpose of advertising and promotions and/or inclusion in any of the College's publications, including but not limited to, viewbooks, catalogs, brochures, flyers, newspaper/magazine ads, posters, billboards, newsletters, or in any similar kinds/types of publications including its electronic website. I further grant QCC the use of my profile and comment information, should I be asked for such, for the purposes of supporting the advertising and promotion of the College and its endeavors.

Photo session location/purpose _____

QCC coordinator/representative _____ Ext. # _____

Department _____ Today's date _____