



Date: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Photographer\*: \_\_\_\_\_

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph or video me and to use the photographs or videos for educational or promotional purposes in any type of media. The photographs or videos may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

1. \_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Description of clothes\* (color, type: t-shirt, dress shirt, skirt, etc.)

\_\_\_\_\_  
Quote

2. \_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Description of clothes\* (color, type: t-shirt, dress shirt, skirt, etc.)

\_\_\_\_\_  
Quote

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**PARENT / GUARDIAN PERMISSION (if under 18 years old)**

1. \_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Description of clothes\* (color, type: t-shirt, dress shirt, skirt, etc.)

\_\_\_\_\_  
Parent / Guardian (if under 18 years old) Witness

2. \_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Description of clothes\* (color, type: t-shirt, dress shirt, skirt, etc.)

\_\_\_\_\_  
Parent / Guardian (if under 18 years old) Witness

\*Optional