



Photo Opt Out Release

I do not authorize Rappahannock Community College (RCC), or its officers, faculty, employees or agents, to record photographs or other images or likenesses of _____ in the form of videotape, audiotape, film or digital stills, or any other medium. I do not authorize RCC to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose.

Further, I do not consent to the use of _____'s name, voice, or biographical material in connection with any such recording.

I hereby confirm that I am legally of full age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt Out Release," and am familiar with its contents.

I hereby confirm that I am the parent or guardian of the student named above. I further affirm that I have read the above "Photo Opt Out of Release," and am familiar with its contents.

Date: _____ For the Fall Spring Summer Semester 20____

Student name: _____

Student ID number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____

Name of parent/guardian (if student is under 18): _____

Signature of parent/guardian (if student is under 18): _____

Please return the completed form to the Dean of Student Services