



Western Nevada Community College
AUTHORIZATION TO BE INTERVIEWED/PHOTOGRAPHED

Date: _____

I _____
(Name)

HEREBY GIVE MY PERMISSION TO BE
PHOTOGRAPHED _____ AND/OR INTERVIEWED _____ .

I AUTHORIZE THIS INTERVIEW/PHOTOGRAPH TO BE USED IN

- ☐ NEWSPAPER ARTICLE
 - ☐ TELEVISION/VIDEO RELEASE
 - ☐ COLLEGE NEWSLETTER
 - ☐ COLLEGE RESEARCH
 - ☐ COLLEGE WEB SITE
 - ☐ OTHER: EXPLAIN _____
-

(Signature)

(Signature of witness and/or parent or guardian if subject is under the age of 18.)