



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

TALENT RELEASE FORM

I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: _____ Date: _____

Address: _____ Phone No.: _____

Parent/Guardian Signature (if under 18): _____ Student Signature: _____
_____ Witness: _____



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

TALENT RELEASE FORM

I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: _____ Date: _____

Address: _____ Phone No.: _____

Parent/Guardian Signature (if under 18): _____ Student Signature: _____
_____ Witness: _____