



# NORTHWEST FLORIDA STATE COLLEGE

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## Permission to Use Photographs and/or Other Personal Information

I, \_\_\_\_\_, of  
(Name of Student/Participant)

\_\_\_\_\_  
(Address) (City) (State) (ZIP)

Give Northwest Florida State College the absolute and irrevocable right to use my photograph(s) as recorded on film, video or other medium, and to identify me by name, if deemed appropriate by the college, in all forms, manner and media, including but not limited to, display, illustration, advertising, promotion, electronic transmission, for other college purposes. For these purposes, I relinquish my personal rights under the Family Educational Rights and Privacy Laws and release NWF State College from any liability for the aforesaid use.

I understand that said photograph(s) shall be the sole property of NWF State College and may be copyrighted in its own name or any other name it may choose.

\_\_\_\_\_  
(Student's Signature) (Date)

A parent or guardian granting permission of person(s) who are under 18 years of age must complete the following:

I, \_\_\_\_\_, of  
(Name of Parent/Guardian)

\_\_\_\_\_  
(Address) (City) (State) (ZIP)

The Parent(s)/Guardian(s) of

\_\_\_\_\_, do hereby agree to all the provisions of the above release on behalf of my son/daughter.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)