



MODEL RELEASE FORM

College Name: OGEECHEE TECHNICAL COLLEGE

Date of Photo Shoot: _____

Model Name: _____

Home Telephone Number: _____

Email Address: _____

Circle One: Student Faculty Staff Alumni

 Community Member Workshop Participant

Mailing Address: _____

I, _____, release photographs/videos/slides of me to be used for publicity, publications or media releases for the Georgia Department of Technical and Adult Education and this college. I understand that the photographs/videos/slides of me will be used to reflect the facilities, programs and system of technical colleges in Georgia.

Model Signature: _____

College Representative's Signature: _____

Title: _____