



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 videotape, audiotape, film, photography or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy and distribute the recording in whole or in part solely for education related purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: _____

Date: _____

Address: _____

Phone No.: _____

Signature: _____

Parent/Guardian
Signature (*if under 18*): _____

Witness: _____