



Medical Assistant Program

Photo Release Form

Informed Consent for Release of Photographs and Video Imaging

I _____ hereby give my permission to Clackamas Community College to release my name and photographic image for use in local and regional media, college publications, college newsletters, web sites or other uses, as part of information provided to the community.

I understand I will receive no compensation and that this permission is binding.

Printed name of student

Date

Signature of student

Telephone number

- Please note that video imaging may also be used as a training tool in the classroom setting.