



Release Form
For release of Audio and Visual Materials

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I agree all such material shall remain property of WITC. I also understand that the material will be used in good taste and without discrimination.

Date: _____

Print Name: _____

City of residence or hometown: _____

Signature: _____

Parent or Guardian Signature (if minor): _____

In addition to area newspapers, I would like press releases sent to the following newspapers:

Note to WITC students: If you have filed a FERPA hold on your student records, WITC may not publish your name or photo unless you request a release from Student Services.

For office use only:
Project: _____
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