



Office of Public Relations
Release Form

Date _____

I, _____ (Please Print) give Bergen Community College permission to record my image and/or voice and grant Bergen Community College all rights to use these sound, still, or moving images for promotional and recruitment purposes...

I also grant permission to Bergen Community College to use my name, and/or biographical material information for promotional and recruitment purposes...

I understand that I will receive no compensation for my participation and that I have no claim on the finished product.

I, _____ (Please Print) DO NOT give permission to have my student information, image, or biographical information shared with the public through the Public Relations Office at Bergen Community College...

Signature _____

I am [] 18 years of age or older [] Under the age of 18*
*If you are under the age of 18, your Parent or Guardian has to give permission by signing below.
Parent or Guardian Name (Print) _____
Parent or Guardian Signature _____ Date _____

Student Address _____ E-mail _____
Phone _____

For Office Use Only

Project _____