



**Office for Institutional Advancement  
100 North College Drive  
Franklin, VA 23851  
757-569-6791**

## **Parental Release Agreement** (for students under age 18)

Date\_\_\_\_\_

In accordance with Paul D. Camp Community College's Photography and Videography Policy, I give permission to Paul D. Camp Community College to use photographs of my child for college publications or advertisements in print or electronic media. I consent to the use of his/her name, likeness, voice, and biographical material in connection with college publicity or institutional purposes.

\_\_\_\_\_  
Full Name of Child

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Signature of Parent or Guardian

