



Dallas County  
Community Colleges

## PHOTO RELEASE

DATE: \_\_\_\_\_

For good and valuable consideration, I, my heirs, executors, administrators, assignees and spouse, if applicable, agree without further recourse to total and complete authorization by the Dallas County Community College District, its employees and agents to all photographs, negatives, digital images, proofs or slides, or other visual depictions which the College District has taken of me or my children this day for any purpose whatsoever without further compensation or remuneration to me and that all photographs, negatives, digital images, proofs or slides, or other visual depictions shall completely and irrevocably remain the property of the Dallas County Community College District.

I have read the above and so evidenced by my signature below.

NAME: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(if subject is a minor)