

video

R E L E A S E

*Kankakee
Community
College*

I give my permission to Kankakee Community College to use video taken of me in official college publications, promotions and on KCC's Web site. I understand that I will receive no compensation for my participation and that I have no claim on the finished product.

Name: _____

Street address: _____

City: _____ Phone: _____

Signature: _____ Date: _____

If the participant is under 18 years of age, parent or guardian signature is required. Please return this form to KCC's Office of Marketing and Public Information. If you have any questions, phone Kari Sargeant, director of Marketing and Public Information, (815) 802-8256.

Video initiated by: _____ Date: _____

Student ID: _____

E-mail: _____ Phone: _____

A copy of this form must be filed with the office of Marketing and Public Information, which maintains the college's video release records.