

**The City College of New York**

**General Release Form for Use of Photograph/ Video/ Student Works**

I hereby grant The City College of New York (CCNY) permission to use my name, the name of the educational program in which I am enrolled, my student works and to use and/or reproduce photographs and/or video recordings of me for any purpose that CCNY may deem appropriate, including without limitation educational uses and promotion of CCNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City College of New York from any liability that may arise from such use of my name, photographs and/or video recordings of me, my student works, graduate program and/or likeness.

**Persons 18 and older.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID# if CCNY student  
(Do not use social security #)

**Persons under 18.**

\_\_\_\_\_  
Name of person photographed/recorded (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent or guardian (please print)

\_\_\_\_\_  
Student ID# if CCNY student  
(Do not use social security #)

\_\_\_\_\_  
Signature of parent or guardian

**Please provide the following information:**

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Name of Department/Division or School

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The website page destination of the file (e.g. <http://www.cuny.cuny.edu/biology>)

**If this is a photo for an outside publication or print service:**

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The name of the publication outlet (e.g. NY Times, AM New York, US News & World Report)

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The date of the publication (If known)