



**COLUMBIA
STATE COMMUNITY
COLLEGE**

Media Release Consent Form

The undersigned hereby authorizes Columbia State Community College to use photography, video and/or audio of him/her for informational, promotional and fundraising purposes for the college.

This consent is expressly intended to release from liability all personnel of Columbia State Community College and/or the Columbia State Foundation and its members.

Student Name (Print) Student Name (Sign) Date

**If student is under the age of 18, the parent will need to sign:

Parent's Name (Print) Parent's Name (Sign) Date

Teacher's Signature (Sponsor) Date

Name of High School (please print) County (please print)

Please return completed form to:

Margaret Sanders

Staff Writer

Communications Department

Columbia State Community College

You may email the form to msanders34@ColumbiaState.edu