

DATE:_____

Name of Student:_____

School:

MEDIA RELEASE FORM FOR GCC HIGH SCHOOL STUDENTS

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To Whom It May Concern:

I hereby authorize Guam Community College to use images, video and/or the voice of my minor son/daughter

participating in GCC activities to help promote GCC through print, television, radio, web, video, presentation and other media.

NAME of Parent/Guardian:(Please print)_____

SIGNATURE of Parent/Guardian:

RELATIONSHIP to student: