



## Photo Opt-Out Release

*Complete and return this form to the BMCC Public Relations Office ONLY if you do NOT give permission for your photo, audio, or video to appear in possible university publications and/or publicity, including the campus website or social media.*

*A new Opt-Out Release form must be submitted each year a student is in attendance.*

I do not authorize Blue Mountain Community College, or its officers, employees or agents, to record my photographs or other images or likenesses in the form of audio, video, or any other medium or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose. Further, I do not consent the use of my name, voice, or biographical material in connection with any such recording.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt-Out Release", and am familiar with its contents.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

I hereby confirm that I am the parent or guardian of the student named above. I further affirm that I have read the above "Photo Opt-Out Release", and am familiar with its contents.

Parent/guardian name (for students under 18):

\_\_\_\_\_

Parent/guardian signature (for students under 18):

\_\_\_\_\_

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**Please return this completed form along with a current photo to the Public Relations Office (P-107A)**

For Office Use Only	
Processed by:	Date:

