

Northern Essex Community College Model Release Form

Date: _____ Location: _____

I acknowledge and consent to the use of my photography/image/video footage in any and all publications, videos, and online communications created by Northern Essex Community College. I waive any rights to compensation in any form. The college is not required to obtain my permission to reuse or republish this photograph/image/video footage in the future.

SIGNATURE: _____

PLEASE PRINT NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

201303-022

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