



AUTHORIZATION AND RELEASE FOR USE OF NAME, VOICE AND LIKENESS

I, _____, hereby grant Suffolk County Community College (“the College”) irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as “Works”) for the following proposes:

- 1) Teaching;
- 2) Admissions applications;
- 3) Professional journal and papers;
- 4) Institutional publicity and public relations;
- 5) Archival purposes; and
- 6) Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be the exclusive property of Suffolk County Community College. I understand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likenesses of me.

I agree that the College does not owe me any compensation for the acts I have consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

Signature Date

Printed Name/Email Address/

(Signature of legal guardian is needed if subject is under age 18)

Printed Name of Legal Guardian Date