

18+ AUTHORIZATION TO RELEASE INFORMATION

FIRST NAME: _____ LAST NAME: _____

STUDENT ID: _____ DATE OF BIRTH (mm/dd/yyyy): _____

EMAIL: _____ TELEPHONE: _____

ADDRESS IN USA: _____
_____**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Tacoma Community College to release the following information about me to the following people or agencies. (CHECK ALL THAT APPLY).

- Parents (Mother/Father)
Parent #1: _____ Email: _____
Parent #2: _____ Email: _____
Phone: _____
 - In case of emergency/medical treatment
 - My grades and bills (i.e. tuition)
 - Homestay feedback
- Agency/School
Agency/School Name: _____
Contact Person: _____
 - In case of emergency/medical treatment
 - My grades and bills (i.e. tuition)
 - Homestay feedback
- Other
Name: _____ Email: _____
Phone: _____
 - In case of emergency/medical treatment
 - My grades and bills (i.e. tuition)
 - Homestay feedback

PHOTO SUBJECT RELEASE

I authorize Tacoma Community College to take and use photographs of me for public information purposes, displays (on and off campus), news releases, video presentations, and advertisements; and for use in Tacoma Community College and/or community publications. I understand that my image could be used to promote Tacoma Community College only. I do this willingly, expecting no compensation or gratuity of any kind from Tacoma Community College. (CHECK ONE BOX).

- YES NO

STUDENT SIGNATURE: _____ DATE: _____