Kenai Peninsula College/University of Alaska Anchorage
Photo/Video Release Form

I authorize KPC/UAA and/or parties designated by KPC/UAA to copy, reproduce, or publish my photograph, video or audio recordings for the purposes of illustration, promotion, advertising, display, and public relations purposes.

Date: _________________________

Name: _________________________

Address: _________________________

Telephone: _________________________

Signature: _________________________
(if under 18, signature of parent or guardian)

KPC/UAA Representative: _________________________

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