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PHOTO RELEASE FORM
Virginia Highlands Community College

For use in display, print and electronic publishing

I hereby irrevocably consent to and authorize the use and reproduction by the Virginia Community College System (VCCS) and Virginia Highlands Community College (VHCC) of the photographs made of my child during the Regional Summer Governor's School. I realize the photographs will be taken as part of the learning experience and are the sole property of the VCCS and Virginia Highlands Community College. These photographs may be used for display and promotional endeavors relating to publicizing the Regional Summer Governor's School.

STUDENT'S NAME _____

PARENT'S NAME _____

DATE _____

I choose to **NOT** have my child included in any photo promotional activities _____