

**The City College of New York**

**General Release Form for Use of Photograph**

I hereby grant The City College of New York (CCNY) permission to use my name, the name of the educational program in which I am enrolled, and my photograph for any purpose that CCNY may deem appropriate, including without limitation educational uses and promotion of CCNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City College of New York from any liability that may arise from such use of my name, graduate program and/or likeness.

**Persons 18 and older.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID# if CCNY student  
(Do not use social security#)

**Persons under 18.**

\_\_\_\_\_  
Name of person photographed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent or guardian (Please print)

\_\_\_\_\_  
Student ID# if CCNY student  
(Do not use social security#)

\_\_\_\_\_  
Signature of parent or guardian

Please provide the following information:

---

Name of Department/Division or School

---

The website page destination of the file (e.g. <http://www.ccnycuny.edu/biology>)

If this is a photo for an outside publication or print service:

---

The name of the publication outlet (e.g. NY Times, AM New York, US News & World Report)

---

The date of the publication (If known)