



**Date:**

**Participant Name:**

**Project:**

**Location:**

**Photographer:**

**As per the information specified on this form:**

*I hereby consent to having my photograph taken by a representative of Durham Technical Community College, and I understand that I have the right to revoke this authorization at any time by submitting my request to revoke in writing.*

**Signature** \_\_\_\_\_

*I hereby consent that all photographs taken of me may be used by Durham Technical Community College for the purpose of illustration, advertising, college website information or promotion, or publication/reproduction in any manner.*

**Signature** \_\_\_\_\_

**Participant Contact Information**

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_