



ALLEGANY COLLEGE

of MARYLAND

ENGAGE YOUR FUTURE

Allegany College of Maryland Media Release Form

In the interest of education, I, _____, give my permission for videos/photographs to be taken of me, and permission to use my photograph, videos in which I am recorded, name, story, curriculum information, and graduation year, in the classroom/lab setting, publications, newspapers, television commercials, advertisements, website, social media, or other mediums as related to the educational programs at Allegany College of Maryland (ACM). I acknowledge such video footage/pictures and information may be used to provide learning opportunities to other students, promote awareness to the community about the college, services provided by the college, and student life associated with the campuses. I understand that the above videos/photographs become the property of Allegany College of Maryland and may be used for news, education, or other purposes related to the advancement and/or funding of educational programs at ACM.

I affirm that I am at least 18 years of age.

My signature, written or electronic, on this form indicates my understanding and acknowledgment of this policy.

Student Signature

Date

Parental Signature

(If under 18 years of age)

Date