



Public Information Office
2300 E. Gibson Road
Woodland, CA 95776
530-661-5731-Office
530-668-3698-Fax

PHOTO RELEASE FORM

Date: _____

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WOODLAND COMMUNITY COLLEGE**

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I am over 18 years of age: _____ Yes _____ No

Name: _____
Please Print

Signature

Address: _____

Witness: _____
Signature of Witness

If the person signing is under 18, Consent is needed from a parent or guardian.

I hereby certify that I am the parent or guardian of _____
_____ and I give my consent without reservations.

Name: _____ Date: _____
Signature of Parent or Guardian

Witnessed by: _____
Signature of Witness