



**Release Form**

Date \_\_\_\_\_

I, \_\_\_\_\_ (please print), give \_\_\_\_\_ a faculty member of Hudson County Community College **permission to record my image and/or voice** for the purpose of a research video. Faculty member \_\_\_\_\_ agrees to keep the video in his/her possession for research purposes only.

I understand that I will receive no compensation for my participation and that I have no claim on the finished product.

Signature \_\_\_\_\_

I am  18 years of age or older  Under the age of 18\*  
\* If you are under the age of 18, your Parent or Guardian must give permission by signing below.

Parent or Guardian Name (Print) \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Address \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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*For Office Use Only*

Project \_\_\_\_\_