

**MCHENRY COUNTY COLLEGE PUBLICATIONS AND MEDIA RELEASE FORM**

---

PRINT NAME

---

TITLE AND/OR MCC AFFILIATION

---

ADDRESS/CITY

---

PHONE

---

SIGNATURE

DATE

I GIVE MCHENRY COUNTY COLLEGE PERMISSION TO USE MY PHOTO AND TESTIMONIAL IN COLLEGE RELATED PUBLICATIONS, ELECTRONIC MEDIA AND/OR OTHER PUBLICITY.

**MCHENRY COUNTY COLLEGE PUBLICATIONS AND MEDIA RELEASE FORM**

---

PRINT NAME

---

TITLE AND/OR MCC AFFILIATION

---

ADDRESS

---

PHONE

---

SIGNATURE

DATE

I GIVE MCHENRY COUNTY COLLEGE PERMISSION TO USE MY PHOTO AND TESTIMONIAL IN COLLEGE RELATED PUBLICATIONS, ELECTRONIC MEDIA AND/OR OTHER PUBLICITY.