

PHOTO PERMISSION FORM

To use course / group / activity photographs

For: General Publicity

By: South Coast Careers College / Adult Ed Community College

COURSE NAME: DATE:

I (name) the student listed below give permission for South Coast Careers College / Adult Ed Community College (Adult Education Centre Inc) to use photographs of me taken during classes, activities, events and course run by South Coast Careers College / Adult Ed Community College.

I understand that these photographs can be used for the purpose of publicity, promotions or special events. I understand that I can withdraw this permission at any time, but it must be in writing to the Manager of South Coast Careers College / Adult Ed Community College.

Student Name	Student Signature

Trainers Name and Signature: