

Photograph Release Form

I authorize the Anoka Ramsey Community College TRIO Upward Bound Program to use my child, _____'s picture. I understand the program may use such photographs of my child with or without his/her name for any lawful purpose associated with the ARCC Upward Bound program including, but not limited to brochures, posters and the program website.

I understand that I am not required to have my child's photograph taken, and I give my consent freely for this purpose.

Parent signature: _____

Date: _____

Student signature: _____

Date: _____