



# Fullerton College

## Multimedia Image Release/Opt-Out Form

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**You must opt-out if you do not want to be interviewed, photographed or videotaped by Fullerton College or its authorized media partners.**

Please indicate if you would like to allow or opt-out of the purposes stated above.

- Yes - I give permission to be interviewed, photographed or videotaped.
- No - I do not give my permission to be interviewed, photographed or videotaped.

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Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

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**If completing for a child under the age of 18:**

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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Please note: This opt-out form only applies to Fullerton College and its authorized media partners. It does not apply to individuals or external media entities.