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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If Student is under 18 as of June 1st of current year, please have parent/guardian complete the section below.:*

Parent/guardian name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*PLEASE NOTE:** If you decline to complete this form, it will **NOT** affect your receiving the scholarship funds. This form may be filled in electronically and emailed to the following address – – [CollinsCrouch15@gmail.com](mailto:CollinsCrouch15@gmail.com). (*An electronic copy of this paper is available on ccmscholarship.org*.) Or you may mail it to the following address – – PO Box 3, Ellerbe, North Carolina, 28338. **Please return form by June 20 of the current year!**

***If you choose to share your picture… Either email a digital picture to CollinsCrouch15@gmail.com or mail a physical picture in with this form to the address listed above. Please make sure that the picture is clear and includes only the recipient of the scholarship.***