



## Artwork Release Form

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

*I hereby consent that my artwork may be used by Brightpoint Community College and the Brightpoint Community College Foundation for the purposes of print, television, video, and web-based advertising, promotion and/or publication.*

\_\_\_\_\_  
Signature of Artist

\_\_\_\_\_  
Date

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Complete below for any artwork featuring any person other than the Artist.

*I hereby consent that artwork featuring my image (or that of my child) may be used by Brightpoint Community College and the Brightpoint Community College Foundation for the purposes of print, television, video, and web-based advertising, promotion and/or publication.*

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian (if subject is under age of 18)

\_\_\_\_\_  
Date