



**SERVICE LEARNING  
BACKGROUND CHECK, PUBLICITY, AND PHOTO/VIDEO RELEASE FORM**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Semester: \_\_\_\_\_ / \_\_\_\_\_ Instructor: \_\_\_\_\_

I \_\_\_\_\_ (student), grant permission to Middlesex County College, and its employees and agents, to take visual/audio image of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, videos recording, audio clips or accompanying written descriptions. I agree that Middlesex County College owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university sponsored web sites, publications, promotions, broadcasts, advertisements, posters, and theater slide. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Middlesex County College, and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I understand that Middlesex County College cannot regulate any photos or video of me taken at my service site. In the event that I do not grant permission for photos or video to be taken of me while on site, I understand that I am responsible for speaking with my site supervisor and completing any photo/video release documents required of my site.

Finally, I understand that some community partner sites, in compliance with their own policies and regulations, may require background checks as a requirement for me to complete service hours with their organization. I understand that I will be informed ahead of time of which organizations require background checks. I understand that I am unable to complete service hours with an organization if my background check yields results that are deemed unacceptable by that organization and that in the event of this I will be assigned a new service site. By signing below, I am agreeing to allow my community partner site to complete a background check on me and that I will comply with any consequences of the results of said background check.

**By checking the following box, I am indicating that I do NOT give permission for photographs or video of me to be taken at any time during your service learning experience:**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent or Guardian if the student is under the age of 18:**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_