**RELEASE FOR AUDIO OR VIDEO RECORDING**

 **OF PERFORMANCE OR PRESENTATION ASSOCIATED WITH THE**

**CONCERT AND LECTURES SERIES**

**I hereby give my permission to City college of San Francisco to record, on audio**

**or digital tape and/or videotape, my performance or presentation.**

**I understand that the recorded material will be used solely for educational purpose**

**in the classroom.**

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

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For additional information regarding this release, please contact Lori Brown, Coordinator at** **lbrown@ccsf.edu** **Thank you**