Media Center
3399 North Road
Lowell Thomas Suite 205-210
Poughkeepsie, NY 12601
Phone: (845) 575-3635

Special Event Recording/Capturing Guest Release Form

Permission is hereby given to Marist College to record the following event:

Title of Event: _____

Presenter/Interviewee N a m e : _____

Date of Event:_____ **Time:**_____ **Host:** _____

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby irrevocably consent to the recording/capturing of myself by Marist College or its authorized representative and authorize the use of my interview [illegible]

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