



### PERMISSION TO RELEASE AND OBTAIN INFORMATION

I hereby authorise **The International College of the Cayman Islands**. to RELEASE AND OBTAIN information pertaining to my academic record and academic performance to/from the following person(s):

\_\_\_\_\_ Contact Info: \_\_\_\_\_

\_\_\_\_\_ Contact Info: \_\_\_\_\_

I understand that authorisation shall remain valid from the date of my signature below until such time as I am no longer a student at ICCI. I have been informed that I may revoke this authorisation by written communication to **The International College of the Cayman Islands** at any time. I certify that this form has been fully explained to me and that I understand its contents.

Name of Student / Guardian (if student is under the age of 18)	Signature of Student / Guardian (if student is under the age of 18)	Date
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### PHOTO RELEASE

I hereby give permission to **The International College of the Cayman Islands** to use my photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I understand I am entitled to no compensation. I release the photographer all forms of claims and liability related to my photo usage.

Name of Student / Guardian (if student is under the age of 18)	Signature of Student / Guardian (if student is under the age of 18)	Date
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FOR OFFICE USE -----

Name of Witness	Signature of Witness	Date
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