



STUDENT INFORMATION AND ACCESS AGREEMENT

I understand and authorize the Athletic Department Staff to access and release college transcript information as it pertains to eligibility, financial aid or departmental concerns. I also authorize instructors to release grades to coaches and Athletic Department Staff.

Signature here indicates permission to access and use confidential information.

Signature: _____ Date: _____

PHOTO RELEASE

Olympic College may take and use photographs of me for public information purposes, displays (on or off campus), news releases, video presentations, and advertisements; and for use in Olympic College and/or community publications, with the understanding that my image will be used to promote Olympic College only. I do this willingly, expecting no compensation or gratuity of any kind from Olympic College.

Your name: _____ Age: _____

Signature: _____

City: _____ Phone: _____

Email: _____