

Statement of Understanding and Photo Release



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

I, the student named below, am responsible for:

1. Studying and working to the best of my abilities.
2. Arriving to class on time. If I miss part of class, it may affect my enrollment.
3. Attending all class sessions in their entirety. (Teachers are not required to review missed coursework with students as a result of an absence.)
4. Behaving appropriately on the campus and respecting the rights of others. If I misbehave at any time, I may be removed from the Summer Academies program.

I understand that:

1. If I have an unplanned absence, CCE may contact my parent(s) regarding the absence.
2. I grant the CCE staff permission to photograph and/or videotape me while I attend the Summer Academy program. These images may be used in CCE publications or multimedia presentations. I understand that if I do not want to be photographed, it is my responsibility to remove myself from the shot and inform the photographer.

By signing, I understand and agree to the Statement of Understanding and Photo Release.

Academy Name

Student Signature

Date

Signature of Parent/Guardian

Date

To confirm your enrollment, submit this signed release form by June 1.

Please send a **hard copy** of your completed form with signature to:

Liz Arellanes
College of Continuing Education
3000 State University Drive
Sacramento, CA 95819

arellanl@csus.edu
Phone: (916) 278-6249
Fax: (916) 278-3685