



Prince William Sound College
Media Release Form

PRINCE WILLIAM SOUND COLLEGE

UNIVERSITY of ALASKA ANCHORAGE.

Printed Name *(Please Write Legibly)*

Signature*

Date _____ Preferred Email Or Phone # _____

Additional Information:

Address _____

City _____ State _____ Zip _____

Faculty Staff Non-UAA

Student Class: Fr So Jr Sr Grad Major _____

Under 18/Legal Guardian Authorization

Printed Name Of Parent/Legal Guardian _____

Signature Of Parent/Legal Guardian _____

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