



Office of College Advancement  
One HACC Drive • Harrisburg, PA 17110

## FORM FOR PERMISSION FOR PHOTOGRAPHY, QUOTES, VIDEOGRAPHY

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I also understand that the College may provide to and authorize the use of such photographs and comments to other organizations, including, but not limited to, media outlets, The Pennsylvania Commission for Community Colleges, Council for Advancement and Support of Education (CASE), the Pennsylvania Department of Education and the Pennsylvania Higher Education Assistance Agency (PHEAA).

**Please print.**

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**Signature**  **DATE** 1/7/2020

**Signature of parent or guardian, if minor:** 

Thank you for your assistance. Please return this form to:  
Office of College Advancement  
Ted Lick Administration Building, Room 200  
HACC, Central Pennsylvania's Community College  
One HACC Drive  
Harrisburg, PA 17110  
Email: [releaseform@hacc.edu](mailto:releaseform@hacc.edu)  
Fax: 717-231-7670

**\*Description of Project** Generative Adversarial Networks for PCG Arrhythmia Detection

*\*Required: For internal use only. Please include the name of the project or the event and event location. Note: This references the event that the subject attended today – not future events.*