

# California College of the Arts || Speaker Release Form

Event: alumni weekend  
Date: 9/28/14  
Location: CCA Campus Oakland

Dear CCA Guest Speaker \_\_\_\_\_;

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I agree to be recorded for CCA's archive and

**1. (SHARE WITH THE GENERAL PUBLIC)** Give my permission to make the recording accessible to the general public and to change the format as technologies change.

Leland Byrd  
Signature/Date

**OR**

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Leland Byrd  
Signature/Date

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: Leland.Byrd@gmail.com

