



Marietta College

RELEASE FORM

Name _____ Gender M F

Major(s) _____ Minor(s) _____

Home Address _____
street

_____ *city* _____ *state* _____ *zip*

Cell Phone: _____ Email: _____

Expected College Graduation Date: _____

Mother's Name: _____ Marietta College Alumna Yes No

Cell Phone: _____ Email: _____

Mailing Address _____
street

_____ *city* _____ *state* _____ *zip*

Father's Name: _____ Marietta College Alumnus Yes No

Cell Phone: _____ Email: _____

Mailing Address _____
street

_____ *city* _____ *state* _____ *zip*

By marking this box, I am authorizing the Marietta College Office of College Relations to use this information in news releases to my hometown media.

NO! I do not want news releases sent out about me by Marietta College.

Photo/Video Release

I give Marietta College the absolute right and permission to use a photograph(s) and or video(s) of me in its promotional materials and publicity efforts. I understand that the photographs and/or videos may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, Internet/WWW), or other form of promotion. I release the College, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

NO! I do not want my photo used for marketing purposes by Marietta College.

Signature _____ Date _____

Parent or Guardian (If student is under the age of 18)