



Marietta College

RELEASE FORM GRADUATE STUDENT

Name _____

Gender Identity _____ Sex Assigned at Birth M F
preferred pronoun (example: he, she, ze)

Undergraduate Institution _____

Major(s) _____

Home City (where you lived before college) _____
city state zip

High School _____
high school city state

Marietta College Email: _____

Mother's Name: _____ Marietta College Alumna Yes No

Email: _____

Father's Name: _____ Marietta College Alumnus Yes No

Email: _____

News Release

- 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, Internet/WWW, social media), 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 _____