



Marietta College

RELEASE FORM

Name _____ Gender _____

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)

FALL 2018