



## PUBLIC RELATIONS FORM

Name \_\_\_\_\_  
Last First Middle Maiden

Permanent Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father Living?  yes  no Mother Living?  yes  no

Permission to use parents' names in press releases?  yes  no

High School from which you graduated \_\_\_\_\_  
Name City State

Name of your local newspaper \_\_\_\_\_

Indicate your academic class level at Brescia University

Freshman  Sophomore  Junior  Senior  Graduate  Other

Major \_\_\_\_\_ Minor \_\_\_\_\_

How did you hear about Brescia University? Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Billboard     | <input type="checkbox"/> Friend                 |
| <input type="checkbox"/> Digital Ad            | <input type="checkbox"/> Family Member | <input type="checkbox"/> Coach/Athletic Recruit |
| <input type="checkbox"/> Website               | <input type="checkbox"/> Google        | <input type="checkbox"/> Twitter                |
| <input type="checkbox"/> Instagram             | <input type="checkbox"/> TikTok        | <input type="checkbox"/> Church/Parish          |
| <input type="checkbox"/> College Fair          | <input type="checkbox"/> Facebook      | <input type="checkbox"/> Community Event        |

Other (please specify) \_\_\_\_\_

I understand that photographs taken of me by agents, employees or representatives of Brescia University shall be used in connection with the university's dissemination of information on its public service and academic programs to the general public.

I hereby irrevocably authorize Brescia University and its agents, employees or representatives to copy, exhibit, publish or distribute any and all such photographs of me wherein I appear, including composite or artistic representations, and to use the said photographs in all forms and media for purposes of publicizing university programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product including written copy, wherein my photograph appears.

I hereby hold harmless and release and forever discharge Brescia University, its agents, employees, representatives, and their successors, from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date