



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"/> Newspaper	<input type="checkbox"/> Family Member
<input type="checkbox"/> Website	<input type="checkbox"/> Google	<input type="checkbox"/> Church/Parish
<input type="checkbox"/> College Fair	<input type="checkbox"/> Community Event	<input type="checkbox"/> Coach/Athletic Recruit

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