

# ST. LUKE'S COLLEGE

## PUBLICITY RELEASE FORM

Throughout the year, various activities arise when the College would like to publicize activities and accomplishments of the College and individual students. This release allows St. Luke's College to provide information to area media and/or your local news media. Such information may include activities, honors, and inclusion on the Chancellor's list. Please complete the form, sign the area below and return to Student Services.

If you **do not** want information released, please print your name, check the appropriate box, sign and return.

**PRINT** EXACTLY AS YOU WANT INFORMATION TO APPEAR:

Your Name:			
First	Middle Initial	Last	Maiden/Former

Parent's Name(s):	Spouse's Name:
Address:	Address:

If your parents are separated or divorced and you would like both their names to appear, check here, and provide their name and address on the back.

Name of High School:	Year Graduated:
City/town of High School:	

NEWSPAPERS IN WHICH INFORMATION SHOULD APPEAR:	
Name of Newspaper:	Name of Newspaper:
Address:	Address:

CHECK ONE:
<input type="checkbox"/> I do not wish information concerning me released to the news media.
<input type="checkbox"/> I authorize St. Luke's College to publicize my photograph and/or name in the Siouxland area news media and/or my hometown news media. I may rescind this authorization in writing at any time.

Student Signature:	Date:
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