COLLEGE OF ALLIED HEALTH
HOMETOWN NEWSPAPER RELEASE FORM

Help us send the good news of your academic honors, while you are a student in the College, to your hometown newspaper by completing this form and returning to alliedhealth-info@ouhsc.edu.

☐ I do not want my information released.

Student Name_____

Student ID#: _____

Name, as you want it to appear in the newspaper: _____

Your High School: _____

If parents live separate from each other, we can send a release to each of their hometowns if you would like. If person listed is a guardian, please note that and state relationship to you.

Father's Name:

First _____ Middle _____ Last _____

Address: _____

City: _____ State_____ Zip _____

Name of hometown newspaper: _____

Newspaper Mailing Address: _____

City: _____ State_____ Zip _____

Mother's Name:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of hometown newspaper: _____

Newspaper Mailing Address: _____

City: _____ State_____ Zip _____