



# 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.

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 \_\_\_\_\_