

Important: The following form must be filled out in ink (please use a pen)

COLUMBIA COLLEGE
Marketing Department
RELEASE FORM
Employer Written or Video Testimonial

NOTE: Must; Shall; Will: Should: May or Could; Can:	<u>Clarification of Terms</u> These words or phrases indicate actions or activities that are <i>essential or mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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INTRODUCTION

We at Columbia College believe it is important to share information with others about our College and those who attend it. We also want to share information about those who work at the College, advise us, receive services from us, work with our students and/or graduates, and are associated with us. As a result we created this Release Form and request your written authorization to share what you provide.

Information shared below shall include your name, your organization name, and your written testimonial, and/or your consent to create a video testimonial.

We may share all or portions of the information provided below with the general public, businesses, employers, and potential, current or graduate students. We may also share with our Board of Advisors, elected officials, government personnel and other interested individuals.

Sharing of information may come in the form of news releases, our web site, other websites, articles, pamphlets, info advertisements, newsletters, calendar, and view book. It may also be in the form of brochures, overheads, or papers. We may include it in advertisements, displays, and other activities that allow us to promote the College to those we feel would be interested.

Testimonial (optional)

Please briefly describe below what has excited or impressed you most about the practicum student you worked with. Did this student exceed your expectations? Were there any challenges or obstacles overcome by the student and how? (Please continue on the back of this page if there is not enough space below.)

AUTHORIZATION

I, _____ give Columbia College permission to share my name, picture(s), video, voice, and/or all or portions of my testimonial with the parties noted above and the general public.

_____ (Signature) _____ (Date)

_____ (Organization Name)

VIDEO TESTIMONIAL

Yes, I would be interested in providing a video testimonial. I can be contacted at (Please provide either email address or phone number or both):

_____ (Email Address) _____ (Phone Number)