

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

Columbia College *
Marketing Department
STUDENT TESTIMONIAL RELEASE FORM

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

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, 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 may include your name, the program you are associated with, and if relevant, your program status. You may also provide your employment status, position and organization. Finally, you may provide your relationship with Columbia, picture(s), video, voice interviews, and any relevant comment(s) or statement(s) made by you.

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, brochures, info advertisements, newsletters, calendar, or our view book. 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 college and how it has affected your life. (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,
(Print Name in Full)
picture(s), video, voice, and/or all or portions of my testimonial with the parties noted above and the general public.

_____ *(Signature)* _____ *(Date)*

_____ *(Program/Department)*

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)*

* Also includes "Columbia Learning Society"