



## Testimonial Release Form

Date \_\_\_\_\_

Testimonial Statement: (continue on back of page if necessary)

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### Authorization and Release Information

I understand my statement above on behalf of the Office of Continuing Education & Workforce Development (hereinafter called "OCEWD") may be used in connection with publicizing OCEWD, its activities and academic programs to the general public. I authorize OCEWD to use my name and brief biographical information, as supplied on this form.

I hereby irrevocably authorize OCEWD to copy, exhibit, publish or distribute the statement for purposes of publicizing OCEWD's programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations or on websites. I agree that I will make no monetary or other claim against OCEWD for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release OCEWD from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

#### Signature:

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Telephone \_\_\_\_\_

If the person signing is under age 18, there should be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

#### Parental/Guardian Permissions (if applicable):

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

