

Hometown Publicity Form

Male Female

Connecticut College Class of 201

Student's last name: _____ First: _____ Middle: _____

Street address: _____

City: _____ State: _____ Zip: _____

Name of high school: _____

City: _____ State: _____ High school graduation year: _____

Please list the names of parents/guardians you would like mentioned in a news release. If your parents/guardians are divorced or separated, please include **ONLY** the name(s) we should use for publication.

Parent/guardian's name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Parent/guardian's name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Hometown Newspapers

Please choose the newspapers in which you wish your news releases to be published. The Office of College Relations writes and distributes news releases for publication in hometown newspapers. To facilitate publication in the newspapers you or your parents/guardians prefer, please provide the name and street address of your preferred publications. (This information can be obtained by looking in the front section of the newspaper where the publishing and advertising rates are listed — or by calling the newspaper.)

Daily Paper

Name: _____

Mailing address: _____

Weekly Paper

Name: _____

Mailing address: _____

The Family Educational Rights and Privacy Act (FERPA), a federal law that protects the privacy of student education records, does not allow the College to disclose, without consent, "directory" information including a student's name, address, honors and awards, and dates of attendance. If you do not wish to have your directory information disclosed please sign on the designated line and print "Do not release information" under your signature. For questions regarding this form please contact the Office of College Relations at 860-439-2500.

I hereby grant permission to Connecticut College to distribute news releases and publish information about my achievements and activities. These releases may contain information I have provided on this document. I also consent to the use and reproduction of photographs of myself for editorial purposes in Connecticut College publications and on the Connecticut College Web site.

Student signature: _____ Date: _____

Directions: Return signed form by Aug. 1 in the enclosed envelope to Office of College Relations, Connecticut College, 270 Mohegan Avenue, New London, CT 06320-4196



CONNECTICUT COLLEGE