



Tom Hope Memorial Media Scholar Program

Personal Information Release Form

The information you submit below will be used to produce a News Release and other promotional materials that will be sent to electronic and print news outlets, and to the Public Information Office at your college, identifying you as Tom Hope Memorial Media Scholar. It will also be used to help promote the Tom Hope Memorial Media Scholar program.

You have my permission to publish and/or submit the following information to news media for possible publication. You also have my permission to publish and/or submit for publication photos of me and/or screen shots from the media product I submit in connection with my nomination as a Tom Hope Memorial Media Scholar.

Print Name: _____

Signature: _____ Date _____

____ I am 18 years of age or older

____ I am under 18 years of age, and am submitting my parent's permission:

Print Parent's Name: _____

Parent signature indicating approval _____ Date _____

My Name: _____

Permanent Address: _____

Permanent email address: _____

Phone number: _____

Hometown: _____

Name and town of the high school from which I graduated:

My parents' names:

Name and town of any newspapers or electronic media outlets you'd like to have receive a news release: