

Hometown News Release Form ST. LAWRENCE UNIVERSITY

Office of University Communications
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Class of 2011

Print changes/additions here:

PLEASE PRINT

Name _____

Home Address: _____

City _____ State _____ Zip _____ County _____

Home Phone () _____

Nickname or preferred name: _____ Birth Date: _____

Graduated From: _____ Year: _____
High School

Completion of this card will allow St. Lawrence University permission to use your photograph or videotaped image in official publications of the University and to release information about you and your college activities to the news media.

Signature _____

Name and address of hometown newspaper(s):

Please return this form in the envelope provided.