

Release of Confidential and/or Academic Information

I, _____, authorize the
(Student Name)

_____ to use my name and/or photo
(Program Name)

in the following manner:

(Initial if you agree)

_____ Graduation Packet, mailings, program, news release, and/or booklet

_____ Newsletter

_____ Television

_____ Videotaping

_____ Photographing

_____ Radio

_____ Other _____

This release is valid from the date of signature until _____ (Ending Date) or until cancelled by the undersigned in writing. I understand that my participation in GED Testing will be kept confidential and will not be used in any media manner other than stated above, without my consent. This release form has been read and reviewed with me, and I understand its content.

(Student Signature)

(Guardian's Signature, if applicable)

(Date)

(Street Address/PO Box)

(City)

(State)

(Zip Code)