

Student Information for College Relations Office

The information you provide on this card will be used to publicize your achievements and activities at Macalester

If you do not want this information publicized, please check this box DO NOT RELEASE INFORMATION

Today's Date _____

Male Female

Name _____
Last First Middle

Permanent Address _____
Street City State Zip

Name of Mother _____ Name of Father _____

Address _____ Address _____

_____ deceased

_____ deceased

Check here if parents are **divorced**

High School Graduated _____

High School Address _____

Neighborhood Newspaper _____
(Community newspaper, NOT a large metro daily like Star Tribune, Chicago Tribune, etc.)

Full Address of Neighborhood Newspaper _____

Email Address of Neighborhood Newspaper _____

Photo Release Form

I hereby consent to and authorize the use and reproduction, in print or electronic format by Macalester College or anyone authorized by Macalester College, of any and all photographs which are taken for any publicity purpose, without compensation. All images are owned by the college. I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name/Signature: _____

Name/Please Print _____

Please return this form to College Relations, 217 Lampert Building