Student Information for Communications and Public 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 p	publicized, please check this bo	x DO NOT RI	ELEASE INFORMATION
Today's Date	Male	☐ Female ☐	1
Name			
Last	First		
Permanent Address			
Street	City	State	Zip
Name of Mother	Name of Fathe	er	
Address	Address		
deceased \square	dece	ased \square	
Check here if parents are divorc	ed □		
High School Graduated			
High School Address			
Neighborhood Newspaper(Community newspape	er, NOT a large metro daily like Star	Tribune, Chicago Trib	une, etc.)
Full Address of Neighborhood New	vspaper		
Email Address of Neighborhood No	ewspaper		
	Photo Release Forn	n	
I hereby consent to and authorize the or anyone authorized by Macaleste purpose, without compensation. All of age or older and have read and under the original of the consensation of the	r College, of any and all photo l images are owned by the coll	ographs which are t lege. I hereby ackno	aken for any publicity
Name/Signature:			
Name/Please Print			