



The Restaurant School at Walnut Hill College

We want to hear from you! Please help us share your positive experience at The Restaurant School at Walnut Hill College with our prospective, current, and past students.

I authorize The Restaurant School at Walnut Hill College to use my name, reproduce my photograph and identify it as my photograph, and/or use my testimonial in student newspapers, news releases, placement ads for prospective employers, and advertising in all forms. I hereby warrant that I am of full age and have the right to contract in my own name.

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PUBLIC RELATIONS & TESTIMONIAL RELEASE

Graduate Name: _____

Address: _____

City, State, Zip: _____

Program of Study: _____

Graduation Year: _____ Email Address: _____

Phone: _____ May we contact you? YES NO

Place of Employment: _____

TESTIMONIAL:

X

Signature

Date

PLEASE EMAIL TO CAREEROFFICE@WALNUTHILLCOLLEGE.EDU OR FAX TO 267-222-4219.