



We want to hear from you!

Please help us share your positive experience at Walnut Hill College with our prospective, current, and past students. Click the "Submit" button below when finished.

I authorize 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: _____