



# GCRSEF



## Press Release Form

The following information will be used to help with press coverage of this event. If you would like a press release sent to your area newspaper(s) please include accurate names and addresses of these. E-mail addresses would be preferred, if they are available.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Names of Local Newspapers

Name

Address

E-mail

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Permission for Release of Information

I, (print) \_\_\_\_\_, hereby authorize the GCRSEF to use my name, photo and any or all information contained in my abstract, including the abstract in its entirety, for publicity and public relations-related activities including but not limited to any or all electronic, print or broadcast media.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_