



# University of Pittsburgh Greensburg

Attention: S. Isola  
Lynch Hall 203  
150 Finoli Drive  
Greensburg, PA 15601

## Press Release Request

A press release announcing your enrollment at UPG will be sent to any newspaper(s) - limit of two - you list below at such time as this office has received a fully and properly completed Press Release Request form. Please complete this optional form with care and proper attention to detail if you desire release of this information.

Preferred Listing of Name \_\_\_\_\_ Male or Female \_\_\_\_\_ Date This Form Was Completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) Telephone Number \_\_\_\_\_

I will begin classes for the: \_\_\_\_\_ Fall Term \_\_\_\_\_ Spring Term \_\_\_\_\_ Summer Term \_\_\_\_\_ Year

\_\_\_\_\_ Yes, I want notice of my admission to UPG sent to my local newspaper(s). Attach wallet-size photo of yourself. Print name on back.

\_\_\_\_\_ No, I do not want notice of my admission to UPG sent to my local newspaper(s).

\_\_\_\_\_ Yes, I am a UPG merit scholarship recipient and I would like this information to be made public.

List complete names and addresses for each newspaper. Incomplete addresses will not be processed.

Newspaper #1 Name \_\_\_\_\_ Newspaper #2 Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Editor's E-mail Address \_\_\_\_\_ Editor's E-mail Address \_\_\_\_\_

Complete this section as you would want the information to appear in the newspaper.\*

\_\_\_\_\_ Daughter \_\_\_\_\_ Son of \_\_\_\_\_ (Example: John and Mary Jones)

Or First and Last Name of Father \_\_\_\_\_ Or Mother \_\_\_\_\_

Or Other Preferred Listing \_\_\_\_\_

High School from which you have graduated/will graduate \_\_\_\_\_ Date of Graduation \_\_\_\_\_

High School Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Intended Field of Study at UPG \_\_\_\_\_

High School and Community Activities. Indicate Type of Organization (e.g. school newspaper staff, rather than specific name of school newspaper), Number of Years of Participation, Offices Held, Honors, etc.)

\_\_\_\_\_

\_\_\_\_\_

\* Newspaper editors choose whether or not to publish items sent to them. Consequently, we cannot guarantee your release will appear. The Pittsburgh Post-Gazette does not print college acceptance notices.

Please read and complete other side of form.-->

## Photo Release Form

*Office of University Relations and Institutional Advancement*

*Questions? Call 724-836-7741 or e-mail upgmedia@pitt.edu*

I, the undersigned, hereby give the University of Pittsburgh at Greensburg the absolute and irrevocable right and permission, with respect to photographs, videotapes, audiotapes and/or otherwise records of me (hereinafter collectively referred to as "Recordings") taken during campus-related events and activities in which I may be a part of or included with others; to use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other recordings, in any medium and for purpose including (but not by way of limitation) illustration, promotion and publicity.

I hereby release and discharge the University of Pittsburgh at Greensburg from any and all claims and demands arising out of or in connection with the use of the recordings, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licenses and assigns of the University of Pittsburgh at Greensburg as well as, the person(s) who took the recordings.

I attest by my signature below that I am over the age of eighteen, that I have the forgoing and fully understand and agree to the contents therefore.

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

I am under the age of eighteen. The signature below is that of my legal guardian who fully understands and agrees to the contents therefore.

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

I do not give permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date