

STUDENT HOMETOWN NEWS BUREAU

Eastern Illinois University 600 Lincoln Avenue Department of University Communications Room 2142 Old Main

Charleston, IL 61920 Phone: 217-581-7650 Fax: 217-581-8444 Contact: Melinda Matthews

STUDENT HOMETOWN NEWS BUREAU NEWS RELEASE

(Please type or print clearly. Illegible or incomplete forms may not be included in a release.)

| NAMELast | | |
|---|------------------------|--|
| Last | First | Middle (Initial) |
| HONOR RECEIVED | | DATE RECEIVED |
| DETAILS OF RECOGNITION/AWARD | | |
| YEAR IN SCHOOL (circle one) Freshman Sophome | ore Junior Senior | Grad. Student MAJOR |
| HIGH SCHOOLName of High School | City/Town Located | Year Graduated From High School |
| STUDENT'S HOMETOWN (You will be listed as being | from here in the relea | se) |
| IMPORTANT: We will send a release to the hometown ne | ewspaper of your pa | rents and/or spouse as you indicate below. |
| Please note: If photos are taken, most times only one copy is provided to us to distribute. If you wish this release to go to more than one newspaper, please indicate to which one you wish the photo to go. | | |
| Please send a release to my parent's newspaper | | |
| | Nam | ne of Newspaper |
| | Addre | ess of Newspaper |
| Parents' Names | | |
| Parents' Address | | |
| (Please note: If parents do not live at the same address, please list names and addresses separately.) | | |
| Please send a release to my spouse's newspaper | | |
| | | |
| | | ddress of Newspaper |
| Spouse's Name | | |
| Spouse's Address | | |
| Children's Name(s) | | |
| Your Signature | E-mail a | ddress |
| Local Mailing Address | Local P | hone |