STAFF/FACULTY HOMETOWN NEWS BUREAU NEWS RELEASE
(Please type or print clearly)

NAME

Last Name       First Name       Middle Initial

POSITION AT EIU/DEPARTMENT

SCHOOLS ATTENDED

NAME/LOCATION MAJOR       DEGREE       DATES


PREVIOUS FULL-TIME POSITIONS

MAJOR ORGANIZATION

POSITION       DATES


We will send a release to the hometown paper(s) and publication(s) that you indicate below.

( ) Own hometown paper

Name of Newspaper       Address of Newspaper

Please do/do not include names of spouse/children.

Spouse’s name

Children’s name(s)

( ) Parents’ hometown paper

Name of Newspaper       Address of Newspaper

Please do/do not include names of parents.

Parents’ names

Parents’ address

(For notification purposes)

Street       City       State       Zip

Note: Please include names and addresses for both parents and newspapers if parents live apart.

( ) Other Newspaper or Publication [Need “local tie-in” information if this is desired, i.e., names of relatives in the area, memberships in area organizations, etc.]

(over)
**BRIEF DESCRIPTION OF HONOR/RECOGNITION**

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
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**OPTIONAL INFORMATION TO INCLUDE IN RELEASE**

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

MY PHOTO IS ____  IS NOT ____ ATTACHED.

SIGNATURE____________________________

ADDRESS__________________________________________________

___________________________________________________________

PHONE NUMBER____________________________________________

HOURS YOU CAN BE REACHED AT ABOVE NUMBER

___________________________________________________________

E-MAIL ADDRESS____________________________________________

**PLEASE RETURN THIS FORM TO:**

Eastern Illinois University  
Department of University Communications  
600 Lincoln Avenue  
Room 2142 Old Main  
Charleston, IL 61920

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 581-7650.