



Office of University Relations  
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### GRADUATE MEDIA INFORMATION

#### Part I - Educational Rights

The Family Educational Rights and Privacy Act (FERPA) of 1974 requires the University to maintain the confidentiality of certain student "education records" (as defined by the Act) unless the student has given permission for the records' disclosure. By signing this form, I authorize the Methodist University Office of University Relations to review and disseminate to third parties the information included on this form for use in department publications and/or general public relations purposes.

- I CONSENT** (Please complete this form in its entirety)
- I DO NOT CONSENT** (Part II of this form is not required)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Required): \_\_\_\_\_

#### Part II - Personal Information

**CHECK ONE (This information is required for publication):**

**(Winter 2009)**

- I am from one of the following NC counties; please include me in the graduate listing in *The Fayetteville Observer* (Cumberland, Bladen, Columbus, Harnett, Hoke, Lee, Moore, Robeson, Sampson, and Scotland).

- I am from outside the Cape Fear region, please send my press release to:

Newspaper: \_\_\_\_\_

Newspaper's e-mail address: \_\_\_\_\_

(Optional) Newspaper phone number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Hometown (city and state): \_\_\_\_\_

Degree to be awarded: \_\_\_\_\_

Major: \_\_\_\_\_

Minor (if applicable): \_\_\_\_\_

#### FOR NEWS RELEASE ONLY:

Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

Father: \_\_\_\_\_ City and State: \_\_\_\_\_

Mother: \_\_\_\_\_ City and State: \_\_\_\_\_

Spouse: \_\_\_\_\_ City and State: \_\_\_\_\_