



Office of University Relations

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PRESS RELEASE REQUEST FORM

In order to fulfill your request, this form must be submitted **no less than three weeks** in advance of event.

Please submit form to Maria Sikoryak-Robins, Director of University Publications.

Today's Date _____ Date of Event _____

Name & Title _____

Department _____ Phone Ext. _____

E-Mail _____

Describe the event/news item (include the who, what, where, when, why & how):

Please attach any additional information you would like considered/included.

Target Audience(s) _____

Type of coverage *desired* (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Advance media release | <input type="checkbox"/> Listing (ie. inductees, award winners) |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Advance coverage in <i>Methodist University Today</i> |
| <input type="checkbox"/> Release after-the-fact | <input type="checkbox"/> <i>Methodist University Today</i> coverage after-the-fact |
| <input type="checkbox"/> On-the-spot coverage by local media | <input type="checkbox"/> Student hometown news release |
| <input type="checkbox"/> Public service announcement | <input type="checkbox"/> University Web site |

Other _____

This form may be duplicated as needed.