



# Millersville University

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES

## MEDIA RELEASE FORM

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**Please allow one week for processing.**

First Name, Middle Initial		Last Name		M Number
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone	Millersville Email	
Current Address (U.S)				
Degree Level	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctoral	<input type="checkbox"/> ELI
Major/Field of Study _____				

### IMPORTANT NOTES. PLEASE READ.

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### READ THE STATEMENT BELOW AND SIGN

- I certify that I have read and understand the information in this form and that this information is true and correct.
- I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's name & signature

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Parent/Guardian's name & signature\*  
\*Required if student is under 18 years old.

\_\_\_\_\_  
Date (month/day/year)

No, I do not want to give my consent.