



1101 17th Street NW, Suite 808
Washington, DC 20036
202.234.5100 | deac.org

DEAC OUTSTANDING GRADUATES AND FAMOUS ALUMNI PROGRAM

MEDIA RELEASE FORM

I hereby grant the Distance Education Accrediting Commission the full and complete use of any information about myself for non-commercial use, including any written and oral comments, my photograph, video, and my name.

I hereby waive any right to inspect or approved the finished product.

Name: _____

Graduate of: _____
(Name of Institution)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please scan and return the completed DEAC Media Release Form via email to your institution contact as soon as possible.