



**OFFICE OF UNIVERSITY COMMUNICATIONS
THEATER PUBLICITY FORM**

*****DATA FROM THIS FORM WILL BE USED IN A NEWS RELEASE*****

This publicity form provides the Office of University Communications with information to complete a news release on your activity, which will be sent to your hometown newspaper with your permission.

___ **Yes**, please send a news release.

___ **No**, please do not send a news release.

COMPLETE THE FORM AS YOU WOULD HAVE INFORMATION APPEAR IN YOUR LOCAL PAPER.

Today's Date _____ Dates of Event _____

Name of Production _____

Role In Production _____

Department or organization sponsoring event Missouri State University Department of Theatre and Dance

Name _____ Hometown _____

Major _____ Home County _____

Local phone number _____ Newspaper _____

Home phone number _____ Location of newspaper _____

Check one: Male Female

Check one: Single Married Spouse's name _____

Check one: Freshman Sophomore Junior Senior Other (specify) _____

Parents' names _____

Parents' city (not for publication) _____

High School attended _____ City/State _____ Year graduated _____

Previous colleges attended _____ City/State _____ Year graduated _____

(over)

Previous Missouri State University Department of Theatre and Dance and/or Tent Theatre Productions

Role	Production	Year

Previous Non-Missouri State University Production (Three Most Recent)

Role	Production	Production Company

Awards and Scholarships Received

Title	Organization	Year Of Award

NAME, VOICE, AND LIKENESS RELEASE

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Please indicate your agreement to the foregoing by signing below.

ACCEPTED AND AGREED:

By:

Signature _____

Print Name _____