



LEHIGH  
UNIVERSITY®

**Photo & Testimonial Release Form**

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

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

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

Start Date (Semester & Year): \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Testimonial Request:**

In your own words please express why you choose to pursue a Lehigh University graduate degree or explain something unique you experienced through your academic career at this institution.

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\_\_\_\_\_  
\_\_\_\_\_

**Please return to:**

Corinn McBride, Director of Recruitment and Admissions  
College of Business and Economics  
Lehigh University  
621 Taylor Street  
Bethlehem, PA 18015-3117  
**FAX:** (610) 758-5283

*Thank you!*