



## Marketing Permissions Form

I, \_\_\_\_\_ (full name) hereby give my permission to  
Kingsway College to use my:

- ☐ Name
- ☐ Testimonial
- ☐ Image / Photograph

In publications and advertisements produced by or for Kingsway College.

I understand that:

- These may be used for publication in film, photographs, in printed materials, electronically and on the internet.
- the above permission will apply for three years from the date of signing this form.
- I will not receive any compensation or payment for the above.
- once my personal information has been published on the internet, Kingsway College has no control over its subsequent use and disclosure.

Name:			
Student Number:			
Address:			
Email:			
Signed:		Date:	

Please return this form to us at the details below.

Kingsway College  
G08&G09, 22 St Kilda Road, VIC 3182