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APA Teachers of Psychology in Secondary Schools Workshop 2009 Participant Photo Release Form

Date: _____

PLEASE PRINT NEATLY:

(circle one) Mr./Ms. First Name: _____ M.I. _____ Last Name: _____

Address: Street: _____ City: _____

State: _____ Zip: _____ Country: _____ Phone: _____

Cell Phone: _____ Email address: _____

Name of High School where you teach: _____

Address of High School where you teach: _____

Subjects or level/grade you teach: _____

How long have taught at this high school? _____ months _____ years

Your education

Degree earned: _____ institution attended _____

Degree earned: _____ institution attended _____

The workshop

How did you hear about this workshop? _____

What attracted you most to this workshop? _____

Have you attended other workshops at Clark? _____

If yes, please list name of workshop and date: _____

Hometown Newspaper(s): _____ town/state _____

*Clark University has my permission to use my name and my likeness in their efforts to publicize the University.
Please feel free to use my name and photograph to announce my participation in this workshop at Clark.*

Signature: _____ Date: _____

Please contact Angela Bazydlo, associate director of media relations, at 508-793-7635 or via email at abazydlo@clarku.edu if you have any questions about completing this form.