



UNIVERSITY of HAWAII®
KAPI'OLANI
COMMUNITY COLLEGE

Office of College and Community Relations

**AUTHORIZATION and RELEASE FORM
TESTIMONIAL**

Date _____

Testimonial Statement and/or Inventory of Testimonial Materials:

(See attached testimonial, which may be used in full or in part)

Authorization and Release Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of [Kapi'olani Community College] (hereinafter called "The College") may be used in connection with publicizing and promoting The College. I authorize The College to use my name, and the Testimonial as defined on this form.

I hereby irrevocably authorize The College to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing The College's Freeman Program or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The College for the use of the testimonial statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release The College from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: _____ Date _____

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____

Email: _____, Phone _____

Address: _____

City, State, Zip: _____