## **Louisville Seminary**

## Press Release Information Request Form

Office of Communications

Please return completed form **AFTER** commencement and before **June 1** so that we may include any relevant awards and information in our correspondence with your hometown newspapers.

Name:		Ph	one:()	
Home Address:				
		Zi <sub>l</sub>	)	
Presbytery		Sy	nod	
Other Ecclesiatic Body or	Conference			
Churches (Please incl	ude addresses and name of c	ontact or Pastor you wish t	o be notified)	
Church		Church		
	Mailing address			
City		City		
State	Zip	State	Zip	
Newspapers (Please i	nclude city, state, and compl	ete address if possible)		
Newspaper		Newspaper		
Address		Address		
City		City		
State	Zip	State	Zip	
Alma Maters (please	provide degrees received, ye	ar and address of institutio	n)	
			Zip	
The following informa	ition is optional but can be inc	cluded in order for your loca	I newspaper to make the story	more appealing
and relevant in your c	•	, , , , , , , , , , , , , , , , , , , ,	,	
Full names of relative	s in community highschool	thandad community group	s where you have participated	۸.
			Name	
			City	
State	State	State		
<b>Graduation Awards a</b>	nd Honors you received at Lo	uisville Seminary Commen	cement:	
		<del>-</del>		