

I, \_\_\_\_\_ (full name) hereby give my permission to  
Everest Institute of Education (Ei) to use my:

- Name
- Testimonial
- Image / Photograph

In publications and advertisements produced by or for Everest Institute of Education (Ei)

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, Everest Institute of Education (Ei) has no control over its subsequent use and disclosure.

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

**Please return this form to us at the details below:**

**Everest Institute of Education  
479 King Street, West Melbourne, VIC 3003**

**OFFICE USE ONLY**

Updated on Student Management System **Yes / No** Date Update \_\_\_/\_\_\_/\_\_\_

Entered by \_\_\_\_\_

Form Received by \_\_\_\_\_ Date received \_\_\_/\_\_\_/\_\_\_

Documentation Filed in Student File **Yes / No** Filed by \_\_\_\_\_