

Share Your Success Story!

Here at Training Direct, we are always eager to hear about the successes of our students and alumni! We like to celebrate in your success with you and share them with our current and prospective students. Please take a few moments to tell us about your experience below and share your success with us and our community.

Studen	t Name (Please Print):	
Program of Study:		Training Direct Campus:
Addres	s:	
City: _	State:	: Zip:
Email:		Phone Number:
Questi	ons:	
1.		fference for you or in your life?
 2.		udying at Training Direct?
3.		ceived from studying at Training Direct?
4.	Are you employed in your field? If so, where?	What are your plans after Graduation from Training Direct?

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I further agree that I release TRAINING DIRECT from any and all claims and liability which may arise as a result of its use of my voice, quotes, and/or image and I agree that if by reason of my statements and/or actions there is any claim or litigation involving any charge by third persons against TRAINING DIRECT, that I will hold TRAINING DIRECT and its agents, employees and representatives harmless from liability, loss or expense arising from such claim or litigation.

By my signature below, I waive any and all claims which I have or may have as a result of TRAINING DIRECT'S use of my likeness, quotes, and/or voice.

Examples of Possible Use

- Video made during a presentation or project shared with a television station.
- > CD made from videotaped interviews and activities to be shared with the public.
- Participation in school or classroom activities, workshops, or conferences posted on the internet via the institution's website, social networking, and/or social medial tools and services.
- Pictures and quotations used in printed publication or online materials such as newspapers, magazines or newsletters, website, web pages, social media pages, etc.

Signature: _____

Date: _____ Training Direct Campus: _____