

Employee Testimonial Consent Form

I hereby consent to the use, reproduction, and publication of my testimonial by the Company, for marketing, internal communications, or other related purposes. I understand that my testimonial may be used in printed and digital materials, including but not limited to websites, brochures, and presentations.

Full Name

Job Title/Position

Department

Testimonial

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I confirm my consent to use my testimonial as described above.

Signature

Date