

# Employee Testimonial Media Release Consent Form

## Employee Information

Full Name

Job Title/Position

Department

Email

## Testimonial Details

Your Testimonial

Media Types (select all that apply)

☐

Photo

☐

Video

☐

Audio

☐

Written Quote

## Consent

☐

I grant permission for my testimonial and media to be used in company materials, including but not limited to the website, social media, and promotional materials.



I wish to remain anonymous (my name will not be displayed).

Signature

Date