**Criteria for Graduate Spotlights**

Thank you for considering submitting a graduate spotlight! KACCS regularly features graduate success stories on our website and social media pages. To recognize your students, please submit the below listed information by email to candacebensel@kycareercolleges.org. All submissions must be accompanied by a student release, which can be found on page 2 of this document. Schools submitting graduate spotlights must be a KACCS member in good standing.

**Submission Material:**

* **Student Name**
* **Photo**
* **Your school**
* **Program**
* **Any credentials or certifications they have received**
* **Where the student is working**
* **What they are doing on the job**
* **Why they went back to school**

Kentucky Association of

Career Colleges & Schools (KACCS)

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PO Box 99367

Louisville, KY 40269-0367

Acknowledgement, Authorization and Release Form

I hereby authorize the Kentucky Association of Career Colleges and Schools (KACCS) and each of its affiliated school groups to utilize my name, photograph and/or my spoken, written or video testimony for the purpose of illustration, publication and advertising within KACCS promotional pieces, which include but are not limited to press releases, brochures, newsletters, KACCS websites, and/or for promotional use in general. I also acknowledge and confirm that any and all statements I made were completely voluntary and all comments offered were my own and not those of KACCS and made without recompense or remuneration.

I agree to hold KACCS harmless for any and all causes of action that may arise out of the usage of my photograph and/or any portion of my spoken, written or video testimony, and I hereby waive, release and relinquish any claim, action, cause of action, or right, known or unknown, created by arising under this authorization or out of usage of the aforementioned photograph and/or spoken, written and/or video testimony.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_