

Testimonial Release Form

If you have any questions during or after completing this form, please contact us at +1 800 637-6581 or via email at books@perma-bound.com.

*Name (First & Last) _____

*Date of Testimonial _____

*Email _____

*Phone Number _____

*School or District _____

*State _____

*Testimonial Content

*I, the undersigned, hereby provide my testimonial regarding *Hertzberg New-Method, DBA Perma-Bound*.

Testimonial

Release Authorization: I grant permission to use my testimonial, which may be accompanied by my name, photograph (if provided by me) and other information provided by me, in digital, social and print materials, and other marketing channels. I hereby authorize *Perma-Bound* to use, reproduce, duplicate, distribute, and exhibit or otherwise use my testimonial, name, words and other information provided by me, without notification or compensation.

I have read the release authorization information above and give my consent for the use of my testimonial as indicated above.

*Date _____

*Signature _____

*filling of this field will be considered an e-signature allowing Perma-Bound to use your testimonial

*Print Name _____

*Required Field