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www.eei.wa.edu.au RTO ID: 52118 CRICOS: 03275D

TESTIMONIAL RELEASE FORM			
Section 1 – Personal Details			
Full Name:			
Contact Tel:		Mobile:	
Address:			
Email:			
Age Declaration:	☐ I am Over 18 Years of age.	☐ I am U	NDER 18 Years of age
Section 2 – Testimonial Statement			
Section 3 – Consent			
Description Consent			
I understand my testimonial as outlined above and made on behalf of Empyrean Education Institute may be used in connection with publicising and promoting Empyrean Education Institute. I authorise Empyrean Education Institute to use my name and the Testimonial about my experience as a student. I hereby authorize Empyrean Education Institute to copy, exhibit, publish or distribute the Testimonial on channels such as print media, website, social media and TV/Radio for purposes of publicizing Empyrean			
Education Institute programs or for any other lawful purpose.			
Section 4 – Authori	sation		
Signature:		Date:	
Legal Guardian (if Under 18 years of age):			
Signed:		Position:	
Print Name:		Date:	

Approved by: Patrick Ryan

Approved Date: 20 Jun 2018

Next Review: 20 Jun 2019

Testimonial Release Form