



# UNIVERSITY OF PASADENA

## CONSENT FORM- STUDENT

Dear Student,

In order to use your testimonial and academic credentials on our website or for any advertising and promotional materials, we require a signed consent form from you. Please read, sign and email this consent form to [info@upasadena.org](mailto:info@upasadena.org) or by regular mail to 19401 South Vermont Avenue, Suite D202, Torrance, California - 90502. Thank you very much for your valuable testimonial about our university.

### CONSENT

I hear by authorize, with this signed consent form, University of Pasadena (UPAS) to use my testimonial on the website, or in any advertising and promotional materials.

I certify that all information provided on this form is true and correct to the best of my knowledge.

Student Sign: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Which City/Country do you live in?: \_\_\_\_\_

Testimonial:

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