



AUTHORIZATION TO RELEASE CUSTOMER TESTIMONIAL

Name of Authorized Representative:		Title:
Name of School/District:		
Address:		
City:	State:	Zip:
Telephone:	Email Address:	

The above named individual authorizes Voyager Expanded Learning® to publish the testimonial comments stated below regarding Voyager products and services. Such commentary will include full attribution to the individual, their title, and the name of the district or school they represent.

This authorization is effective as of the date it is received by Voyager Expanded Learning and will remain in effect unless and until Voyager receives a written notice of termination from the School/District.

TESTIMONIAL COMMENTS:

[PLEASE ATTACH ANY ADDITIONAL COMMENTS ON A SEPARATE PAGE AND RETURN WITH THIS FORM]

Signature

Date

PLEASE FAX TO:
Kelly Freckmann
Market Research Analyst
Voyager Expanded Learning
214-932-9373

OR MAIL TO:
Kelly Freckmann
Market Research Analyst
Voyager Expanded Learning
1800 Valley View Lane
Dallas, Texas 75234