



Student's name:

Nationality:

School:

When did you travel (dd/mm/yyyy):        /        /

How long did you stay?

Courses for:     Young People     Adults

**PHOTO**  
(digital)

*What did you think about your language travel?*

Your testimonial will be used for our website [sprachcaffe.com](http://sprachcaffe.com) and [sprachcaffe.de](http://sprachcaffe.de).



## Photographic Release Form

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\_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_