

**Presidential Management Fellows (PMF)
Agency Testimonial**

PRIVACY ACT STATEMENT AND INSTRUCTIONS:

Authority: 5 CFR 362 promulgates Executive Order 13562, placing the Presidential Management Fellows (PMF) Program under the Pathways Programs. The U.S. Office of Personnel Management (OPM) administers the PMF Program government-wide. The PMF Program is to attract to the Federal service outstanding men and women from a variety of academic disciplines and career paths, who have a clear interest in, and commitment to, excellence in the leadership and management of public policies and programs.

Purpose: This Agency Testimonial Form is used to collect testimonials from Federal Agencies and personnel who have or currently participate in the PMF Program.

Routine Uses: These testimonials are to highlight the positive impact the PMF Program has had for their agency and/or personal experience and publish to the PMF website and/or other PMF Program marketing and outreach material.

Disclosure: Use of this form and furnishing this information is optional. All submissions must include the Authorization and Release signature (below). The PMF Program Office reserves the right to edit, deny, and/or approve any submissions.

Instructions: This form can be found under the "Agencies\Resources" section on the PMF website at www.pmf.gov. Fill out the information below and send via email to pmf@opm.gov with the subject of "Agency Testimonial".

First and Last Name:	
Role (e.g., Agency PMF Coordinator, PMF Supervisor, PMF Alumni, HR Staff, etc.)	
Work Phone Number (###-###-####):	
Work Email Address:	
Agency/Sub-Agency (please spell out, no acronyms):	
Work Mailing Address:	

Testimonial (please limit to 3-5 paragraphs; add a separate page if additional space is needed):

AUTHORIZATION AND RELEASE: I hereby authorize and consent that the U.S. Office of Personnel Management, a Federal Agency, its legal representatives, successors or assigns, shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures (if applicable), or any part thereof, they have taken or made of me or I have submitted to them, or in which I may be included in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news item, for the Agency Testimonial. I hereby waive all claims for any compensation for such use or for damages. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am familiar with the contents thereof.

Signature

Date (mm/dd/yyyy)

PMF PROGRAM OFFICE USE ONLY: Date and initial each below.				
PMFPO Received:		PMFPO Posted:		File Reference: