

2018-19 Student and Art Release Form

Student Name:	School:
Art Teacher:	
Homeroom/Classroom Teacher:	
Grade:	Art Level/Class (if applicable):
Parent/Guardian Name:	Phone #:
Email:	Phone #:
Home Address: Street	
City	Zip
	ove and give permission for my child's artwork to be displayed. ove and do not give permission for my child's artwork to be displayed.
	Date
	Art Teacher Use Only
building. Accurate records must be	m when submitting artwork to exhibits outside of the school kept to assure that artwork is accounted for. Parents should be and should be given timely and appropriate information re:
Use the space below to list artwork	and location of exhibit