

# Photograph/Artwork Permission

I give permission to *SchoolArts* magazine and Davis Publications to publish my / my child's artwork and any photograph that may include me / my child. I also give *SchoolArts* magazine and Davis Publications permission to indicate my / my child's name, grade level, and school in their publication.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Student or Parent/Guardian (if student is under 18 years of age)**

Print Name: \_\_\_\_\_

Student artwork/photographs may be considered for future publication.  
We would like to be able to contact you in the future.

Student (or parent) Email: \_\_\_\_\_

Student (or parent) Phone: \_\_\_\_\_

**Teachers and Students, please complete the following information:**

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

Title of Artwork: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_ Year artwork was completed: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Teacher Email: \_\_\_\_\_ Teacher Phone: \_\_\_\_\_

If you submit photographs and/or original artwork, it will be returned to you following publication.  
Be sure to contact us if you have a change of address.