

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.