

Photograph/Artwork Permission

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

Signed: _____ Date: _____
Parent/Guardian (if student is under 18 years old)

Signed: _____ Date: _____
Parent/Guardian (if student is under 18 years old)

Please include all of the following information:

Artist's Name: _____

Title of Artwork: _____

Year artwork was completed: _____

Age at the time photograph was taken (if student is in the photograph): _____

Artist's Grade: _____

Teacher: _____

School: _____

School Address: _____

City: _____ State: _____ Zipcode: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Email: _____ Phone: _____

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