

# IDENTIFICATION FORM

Please PRINT, fill completely and securely attach on the back of the piece.

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ city \_\_\_\_\_ Zip code

School Phone: \_\_\_\_\_

Art Teacher: \_\_\_\_\_

School Corporation: \_\_\_\_\_

By **checking** this box, I give permission for my child's work to be photographed, published and participate in the Youth Art Exhibit.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NAME LABEL

Please attach the following form to the FRONT, BOTTOM, RIGHTHAND CORNER of the MATTTING

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TITLE: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

TEACHER: \_\_\_\_\_

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