

STORY RELEASE FORM

Entry Deadline: March 16, 2018

PLEASE PRINT CLEARLY

Student Name: _____

School Name: _____

Student Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Teacher Name: _____

Teacher Email: _____

Teacher Phone Number: _____

I GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE AND APPROVE TO PUBLISH STORY, VIDEO, AND PHOTOS FROM AWARD PROGRAM IN PRINT, MULTIMEDIA, ON-LINE, AND/OR OTHER MEDIA SOURCES.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____