I give permission to Through the Flower and Penn State University Archives to publish my child’s artwork, photography, writing, written work, or any photo that may include my child. I also give Through the Flower and Penn State University Archives permission to indicate my child's name, age, grade level, and school in their materials.

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

Signed: ___________________________ Date: ________________
Student if 18 years or older

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, Zip code: _________________________________________________

Home Address: _______________________________________________________

City, State, Zip code: _________________________________________________

Materials submitted will not be returned