



THE JUDY CHICAGO  
ART EDUCATION AWARD

# Permission Form

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*