

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:			
<input type="checkbox"/>	By checking this box, you give permission for the student's name, work and photograph to be taken and published.		

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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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