

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, 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 MATTING

NAME: _____ GRADE: _____

TITLE: _____

MEDIUM: _____

SCHOOL: _____

TEACHER: _____

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