



PERMISSION RELEASE FORM

Dear Parents,

Your child is participating in arts classes sponsored by Allied Arts Education Project (AAEP). These classes are supported by a Washington State Arts Commission Arts in Education Grant, and are being taught by local professional artists.

AAEP would like to photograph or videotape student learning in their projects and student's artwork. Images from these sessions may be used for:

1. Research documentation for the Arts Impact arts training program
2. Future teacher training
3. Arts education advocacy
4. Seeking additional funding for arts education programs.

We are asking your permission to photograph or video your child and/or their artwork. If permission is granted, please sign and return this form to your child's teacher by _____.

For more information, please contact Allied Arts at kelly@alliedarts.org. Thank you.

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Teacher name _____ Grade _____
School _____

I give my permission for _____'s (full name), image, comments, name and grade to be used for the purpose of demonstrating AAEP programs to the community in teacher training, for arts education advocacy and to seek additional funding for arts community education programs. While these images will be taken at school, I understand this is not a district video or photography production.

I, therefore, give my permission for _____'s (full name) participation in this video or photograph.

Signature: _____ Date: _____
(Parent/Guardian)