# Art Label and Release Form for Middle School Art Displayed at the CRC

Please submit form and artwork by April 22, 2022, to Tami Coffman at the CRC. Attach two copies of the signed form to back of piece with masking tape. Please indicate which way is up so that artwork may be displayed correctly. Thank you!

***Artist Release Form***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **First Name** | **Last Name** | **Student No.** |
|  |  |  |
| **Address** | **City** | **Zip Code** |
|  |  |  |
| **Parent/Guardian Name** | **Parent/Guardian Phone Number** |  |

We are excited when our students share their art work for display in our Everett Public Schools Community Resource

Center. These pieces will be labeled with the student’s name and may be photographed and used on the school district’s

website and in publications. We never knowingly release information about a student to anyone who wants to use it for

commercial reasons.

By signing and answering "yes" to the statements below, you are agreeing to display your name and artwork in all potential

capacities listed. If you do not agree to any portion of the student-artist release below, please select "no" on that particular

statement and sign to confirm your preferences.

**Artist Release:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | I authorize Everett Public Schools to display my artwork labeled with my name in a public space at the Community Resource Center. |
| **Yes** | **No** | I authorize Everett Public Schools to use my name when accompanied with images of my art work on the district website or in other district publications. |
| **Yes** | **No** | I authorize Everett Public Schools to use images of my art work on the district website or in other district publications. |

|  |  |
| --- | --- |
|  |  |
| *Artist Signature* | *Date* |
|  |  |
| *Parent/Guardian Signature (Required* ***only if not permitted*** *via the Rights and Responsibilities Form (FERPA) on file)* | |

***Art Piece Display Information***

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
| **Student Name** | | **Artwork Title** | |
|  | |  | |
| **Category** *(Ceramics/Pottery, Digital Arts & Design, Drawing Charcoal, Glass Art, Graphic Arts & Design, Mixed Media, Media Arts, Painting & Pastel, Photography, Printmaking, Sculpture)* | | **Medium** | |
|  |  | |  |
| **School** | **Teacher** | | **Grade** |

**Questions? Please Contact Tami Coffman at** [**tcoffman@everettsd.org**](mailto:tcoffman@everettsd.org) **or call 425-385-4084.**