

ASWC e-Zine Release Form

Teachers sign and email form signifying that
you have had your parents sign this form
and
you keep one in your archives.

Student Name _____ Age__ Grade ____

Parents' Name _____

Address _____

City, State _____

Phone Number(s) _____

Email _____

Teacher's Name _____

School Name _____

School Address _____

City and State _____

I, _____, parent of _____ Parent's give
permission to ASWC to publish the following piece of my child's writing in the Alaska
State Writing Consortium Northern eZine Online Magazine. I understand no addresses
will be published and that the writing will be seen on the web. I understand that this
publication will only publish first names if you approve.

(Circle one)

I DO give permission to use the first name of my child. Initial ____

I DO NOT give permission to use my child's name. Initial ____

Attach: writing here.