

## **National PTA® Reflections**



Use this form for students and/or adults appearing and/or recorded in a Reflections entry (excluding the student artist) whom are featured.

I give my permission for my son/daughter,			
		Student Name	
		Parent/Guardian Printed Name	Date
Parent/Guardian Signature	Date		
For Use of an Adult's Image or Voice			
PTA Reflections® entry. This entry may be used an u	n the taping, photographing, or audio recording of an entry in the unlimited number of times in perpetuity in connection with the PTA restand that entries may be judged at the local, regional, state, and or at another public area, including the Internet.		
Name of Student Submitting the Entry			
☐ I have read and understand the Rules of the	Reflections Program.		
Printed Name	Date		
Signature	Date		