

Teaching to Change LA Publication Release Form

Name of Contributor: _____

e-mail: _____

Phone number: _____

I give my consent to Teaching to Change LA to publish the following in the on-line journal:

(check all that apply)

- First Name
- Last Name
- School Name
- School District
- Photograph
- Article
- Work Sample
- Other _____

Name: _____

Signature: _____

Date: _____

PARENTAL CONSENT FOR MINORS

I give my consent to have my child's photograph, article, work sample, and / or other (as specified above) published in the Teaching to Change LA on-line journal.

Name: _____

Signature: _____

Date: _____