

94th District Art Competition

Student Release Form

MEMBER/ DISTRICT INFORMATION	
Assembly Member Name: Kevin Byrne	State & District: NY94

STUDENT INFORMATION			
Name:		Grade:	
School:			
Street Address:			
City:	State:	Zip:	
Email:		Phone:	
Parent/ Guardian Name:			
Parent/Guardian Email		Parent/Guardian Phone:	

ART COMPETITION ENTRY
Title of entry:
Medium:
Description:

I hereby certify that to the best of my knowledge, that the art entry described above is an original work of authorship by the undersigned student and that it is not copied from, nor does it include any other persons copyrighted work

Student Signature _____