**Cobb County School District Form IFBGE-1**



***Empowering Dreams for the Future***

**PERMISSION TO DISPLAY STUDENT WORK**

**STUDENT WORK PERMISSION REQUEST**

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Date:

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Name of Student (PLEASE PRINT) Signature of Student

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (PLEASE PRINT)Signature of Parent or Guardian

**\*(If Student is 18 years of age or older, only the Student may authorize the use, public display or performance of his/her work.)**