The Alexandria Society for the Preservation of Black Heritage, Inc.

2017 Dr. Martin Luther King, Jr. Poster Exhibition
Artwork Identification Form

(PLEASE PRINT)
Note: Attach this form on the back of each entry;
use additional forms as needed.

NAME OF SCHOOL: _____

GRADE: _____

NAME OF TEACHER: _____

CONTACT PHONE NUMBER FOR TEACHER: _____

NAME OF STUDENT & HOW TO PRONOUNCE NAME:

_____

PHONE NUMBER FOR STUDENT AND NAME OF PARENT/GUARDIAN:

_____

Please Note!

Media Request to Interview or Photograph Students / Posters

In lieu of having individual permission slips signed, please be certain that all entries are cleared in your school's main office file of student permission request forms. If this form is not checked, the entries from your class will not be publicly displayed.

_____ **Teachers! Please check and initial this line if the student has permission to be photographed or interviewed by the media.**

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DATE THE POSTER WAS RETURNED TO
SCHOOL: _____ **(Alexandria City Public Schools)**