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Please PRINT full legal	name of child	School	WITS Writer	
Grade		Age	Classroom Teacher	
Please PRINT parent/g	uardian's name			
I am the parent or legal which I have read and t			he full legal authority to sign this release,	
Signature of parent or legal guardian, or of student if over 18 date			date	
Street Address	City	Zip	o Code	
Home phone	Parent's cell p	hone	Parent's email	
Please print child's nan	ne as he/she/they would	d like it to appear in print.		

Student: If you are over 18 years of age, you must complete and sign this form yourself and all references to "my

child" shall be deemed references to you.

This completed form may be returned to: Nichole Coates, WITS Program Associate, Seattle Arts & Lectures, 340 15<sup>th</sup> Ave. E, Suite 301 Seattle, WA 98112 or via email to wits@lectures.org.