

Publication Permission Form

Student Name

(Printed) _____

- ❖ I grant permission for RHS GEB to identify me by name or likeness or both, in RABC, RHS, RISD, and/or any Local publications, either printed or electronic.

___ Accept ___ Decline

RHS GEB Student Signature

- ❖ I grant permission for RHS GEB to identify my above named child by name or likeness or both, in RABC, RHS, RISD, and/or any Local publications, either printed or electronic.

___ Accept ___ Decline

RHS GEB Parent/Guardian Signature