

TXT UR STYLE

Parental Certificate of Permission

This is to certify that I, _____, the parent or legal guardian of _____, age _____, has my permission to participate in the TxtUrStyle virtual gallery as an activity for the *TxtStyles/Fashioning Identity* exhibition at the National Museum of African Art.

Parent's Signature _____

Date _____

Send completed form via fax, mail or email to:

Fax

202.357.4879

attn: TxtUrStyle

Mail

Smithsonian Institution

National Museum of African Art

MRC 708 Box 37012

Washington D.C. 20013-7012

Attn.: TxtUrStyle

Email

txturstyl@si.edu

If you do not have a printer, simply copy down the information on a piece of paper and mail or fax to the above address.

Note: once query about email scan is deleted, the form will fit on one page