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
txturstyle@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