



PERMISSION SLIP



College Visit/Expo

UW – Baraboo/Sauk County
Wednesday, May 3, 2017
Baraboo, WI

Education Department
(800) 362-4476
Fax (715) 284-1760

PARENTS/GUARDIANS ARE ENCOURAGED TO ATTEND WITH THEIR STUDENT

Please complete the following:

STUDENT Name: _____

STUDENT E-mail Address: _____

STUDENT Phone Number: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-mail Address(es): _____

Parent/Guardian Phone Number(s): _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Photography and Publicity Release

I, (print name) _____, hereby grant permission to the Ho-Chunk Higher Education Division, to take and use: photographs and/or digital images of me/my child for use in news releases and/or educational materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that his/her name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation.

Signature

Parent/Legal Guardian (if under age 18)

Parent/Guardian Permission

I hereby give permission for (name of child) _____ to participate in the UW – Baraboo/Sauk County college visit/expo on May 3rd, 2017, hosted by the Ho-Chunk Nation Education Department.

Signature

Date