



**R.A. Horn Outstanding Achievement Award  
Student Release Form  
(Please return no later than February 26, 2021)**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

I, \_\_\_\_\_, (Parent/Guardian Name) as parent or  
legal guardian/custodian of \_\_\_\_\_ (Student's Name)

authorize the \_\_\_\_\_ School District (School District Name),

the State Support Team Region 2, and the Ohio Coalition for the Education of Children with Disabilities, and/or their authorized agents to release publicly my child's name, use videotapes, photographs, and otherwise publish or cause to be published any information relevant to his/her achievements supporting his/her selection for recognition of outstanding achievement. This information may be used in local, regional, state, or national publications of the agencies listed above as well as be released to appropriate newspapers and/or news publications.

I authorize release of the above information for the purposes stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_