



R.A. Horn Outstanding Student Award

Student Release Form 2020

Name of Student: _____

Type or print name exactly as to be published

Address: _____

(Street/PO Box)

(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 the release of the above information for the purposes stated.

Signature _____ **Date** _____