



Model Release Form

Acceptance Packet Form 3 of 5 (Please print legibly or type)

Personal Information		
Name	Date of Birth	
Address	City	Zip
Tel #		Email address

Release		
<p>I hereby authorize the Pont-Aven School of Contemporary Art and/or assignees or licensees to use photographs of me, my work, or photographs which include me or my work for illustrative purposes in editorial, promotional, or advertising materials for the school. Photographs may be altered as needed to fit a particular layout or use.</p>		
Name	Date	Signature

Please return this form within two weeks of your receipt to:

Pont-Aven School of Contemporary Art
Acceptance Processing
928 Smith Street
Providence, RI 02908 USA

Fax: 401 272 5448
 Tel: 401 272 5445