Permission to Publish

Date	
I am sending you my	(story, poem, art) which I call

I did this work myself and didn't copy it from anyone or anything. You have my permission to post it online or in the paper. My parent(s) or guardian(s) have signed below to show that you also have their permission to publish this work.

I understand that if you publish this work you will identify me and give me credit as the author/artist.

I understand that this work will not be returned to me.

Name – please print	
Street	
Street	
City State Zin Code	
City, State, Zip Code	
Age	
Age Phone	
My signature	
My parent/guardian's signature	
Send along with your work to:	
Greenville Public Library	
414 W. Main St.	
Greenville II, 62246	