

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION'S  
2018-2019 DISTINGUISHED STUDENT AWARD  
RELEASE FORM**

I hereby give the Kentucky Association for Gifted Education (KAGE) permission to use my child's name, and composition submitted in connection with the Kentucky Association for Gifted Education's *Distinguished Student Award*, in any publicity or announcements KAGE may make about the award or the award winners.

I further grant permission to KAGE to use my son or daughter's name, school name, city, and state in any publicity or announcement that uses his or her photo or composition, and to make any necessary edits to the length of the composition.

I understand that neither I, nor my son or daughter, will receive any remuneration in connection with this permission. I also understand that the photo and composition will not be returned to me.

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

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *Zip*

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Email: \_\_\_\_\_

*Please note: If your child is selected as the Kentucky Association for Gifted Education's Distinguished Student, KAGE will need his/her Social Security Number to purchase the KESPT Entity Account.*



**Kentucky Association for Gifted Education (KAGE)**  
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