

**Art Competition Release Form**  
**Congressman Brett Guthrie's Office**  
**Art Competition 2021**

Full Name: _____		Email Address: _____	
Address: _____			
		(City)	(State) (Zip)
Telephone #: _____		_____	_____
(Home)	(Cell)	(Other)	
Parent/Guardian: _____			
High School: _____			
Art Teacher's Name: _____		Email Address: _____	
Title of Artwork: _____			
Description/Medium: _____			

**I hereby AUTHORIZE Congressman Brett Guthrie, his staff, and those acting on his behalf, to release my artwork information (including my full name and award, if my artwork is selected) to news media outlets in the 2<sup>nd</sup> Congressional District of Kentucky.**

**I understand that by signing the line below, that the above information is complete and accurate.**

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

**By signing below, I give my dependent permission to participate in the 2021 Congressional Art Competition.**

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

**RETURN ARTWORK AND SIGNED PERMISSION SLIP BY APRIL 26, 2021 TO:**

[guthrieassistance@mail.house.gov](mailto:guthrieassistance@mail.house.gov)

If you have any questions or need additional information, you may contact Congressman Brett Guthrie's District Office at 270-842-9896.