

Name of Individual Requesting the Grant: _____

VI. Consent for Publication

I give ND School for the Blind Foundation permission to publish my child's award in the district or school newsletters, in the local newspapers, and/or on the ND School for the Blind's Foundation Website. I understand that the publication may include personally identifiable information about my child, such as my child's name, grade level, age, and name of school and description of award.

YES

NO, I do not wish to have my child's information published

Child's Name (Grant Recipient)

Parent, Guardian or Individuals Signature if 18

Please mail this form to

Proposal Screening Committee
ND School for the Blind Foundation
500 Stanford Rd.
Grand Forks, ND 58203