

MUST be completed by all students.



RISD Publication Permission

I grant permission for RISD to identify me by name or likeness or both in RISD publications, either printed or electronic.

Accept Decline

RISD Student Signature

I grant permission for RISD to identify my above named child by name or likeness or both in RISD publications, either printed or electronic.

Accept Decline

RISD Parent/Guardian Signature

Date