

ART STUDENTS LEAGUE OF DENVER

Parental Consent Form (for students ages 16-18)

Please read, fill in the blanks, and sign below.

Date ____/____/____

I am aware of nude models posing in classes at the Art Students League of Denver.

I, _____, give my permission for _____
(Parent or Guardian's printed name) (Student's printed name)

to attend classes utilizing a nude model.

Parent or Guardian's Signature _____

daytime phone # _____

evening phone # _____