Florida Retired Educators Association

Permission to Publish

Date:
Student Name:

I/We,
Parent of the student named above, give permission for his/her

- ☐ Photo
- ☐ 5th Grade Essay Contest entry

(Please check to indicate permission)
To be:

- ☐ Read at Florida Retired Educators events.
- ☐ Have name and photo published in local newspaper(s) and Florida Retired Educators newsletter and website
- ☐ Have name and photo displayed at Florida Retired Educators Events

Address:
Phone:
Email:
Address and phone number will not be published but may be needed for contact purposes. Please return with photo no later than :
FREA Representative Name:
Address:
Phone:
Email:
District: Unit:
Parent/Guardian Signature