

Albricias Release Form



Type all information. Sign the form in blue or black ink.

Student name _____
Chapter _____
School _____
City _____ State _____ Zip Code _____
Sponsor _____

I am submitting _____ Poetry _____ Prose _____ Artwork _____ Photograph _____
[Please place an X in front of the appropriate item to be published in *Albricias*]

I give my permission for this item to appear, along with a personal photograph and an autobiographical note, in the print and online versions of *Albricias*.

Type name of student _____

Signature of student _____

Type name of parent or legal guardian _____

Signature of parent or legal guardian _____

Please provide the complete home address, phone number, and e-mail address of the student.

Student name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____

E-mail address _____

I certify that the student named above has been officially inducted into the Sociedad Honoraria Hispánica and that the work submitted is his or her original work.

Type name of sponsor _____

Signature of chapter sponsor _____

Sponsor's e-mail address _____

All signatures are required.

A separate release form is required for each submission.