The Rogovin Collection, LLC 930 Dunlop Av. Forest Park II. 60130 markrogovin@gmail.com

Dear Families

Most Sincerely,

As you probably know, our class has been working with a curriculum called the Rogovin Photography Teacher's Guide. We use the photography of Milton Rogovin to understand more about the people and places in his photographs through observation, research, reading, writing and photography.

The Rogovin Collection has invited us to share copies of our class' work with other students around the world. Some of the student's work will be added to the Milton Rogovin's website, <www.miltonrogovin.com> and possibly be used in later editions of the Teacher's Guide.

The Board of Education and U.S. Copyright Law require that The Rogovin Collection have written permission before using your child's work. I hope that you will grant that permission by signing the release. I also hope you will tell your friends and family about the website so they will be able to see the work of Milton Rogovin, as well as any work of our class that makes it on the site.

To The Rogovin Collection, LLC: I give The Rogovin Collection, LLC permission to use the work I created, including the writing, artwork and photography in m submission. I understand that my first name, grade and name of my school may accompany my submission. I give you permission to use my work for the future development of educational materials based on the photography of Milton Rogovin. I understand that The Rogovin Collection is not promising to use any of my work; but, if it does, it will use its best efforts to acknowledge me as creator of any of my materials that it uses. I waive any right to inspect or approve materials The Rogovin Collection creates that contains my work. Unfortunately, we are not able to return materials submitted to the Rogovin Collectic Either, I am over 18 years of age, or my parent or legal guardian approves of this contract. Dated		Teacher			
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Print Name	Dated				
Name of Student	Sign Name				
Address City State Zip Phone # Grade School City	Print Name				
Phone # Grade School City	Name of Student				
GradeSchoolCity	Address	City	;	State	Zip
	Phone #				
Parent or Guardian Signs Here (mail to the address above)	Grade School		City _		
	Parent or Guardian Signs Here (mail to the	address al	oove)	
I warrant that I am the parent or legal guardian of, a minor, and have full authority to authorize and execute the above Release which I have read and approved.				, a minor,	and have full authority
Date Signature of Parent or Guardian					
Sign Name	Sign Name				
Print Name	Print Name				