

R.A. HORN OUTSTANDING STUDENT ACHIEVEMENT AWARD

Student Release Form - Return via email by 4/17/25

(Please print clearly)

Name of Student _____

Address _____

(Street/PO Box)

(City) (State) (Zip)

Phone (____) _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

I, _____, *(Parent/Guardian Name) as parent or*
legal guardian/custodian of _____ *(Student's Name)*

authorize the _____ School District *(School District Name)*,

the State Support Team Region1, and the Ohio Coalition for the Education of Children with Disabilities, and/or their authorized agents to release publicly my child's name, use videotapes, photographs, and otherwise publish or cause to be published any information relevant to his/her achievements supporting his/her selection for recognition of outstanding achievement. This information may be used in local, regional, state, or national publications of the agencies listed above as well as be released to appropriate newspapers and/or news publications.

I authorize release of the above information for the purposes stated.

Signature _____ **Date** _____

Email completed form to Tamie Cruz at esclew_tc@sstr1.org by April 17, 2025