

CERTIFICATE OF AUTHENTICITY AND CONSENT AUTHORIZATION

STUDENT NAME _____ DATE _____

HOME ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN EMAIL _____

STUDENT AGE _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE NUMBER _____ COUNTY _____

SCHOOL CONTACT EMAIL _____

I, _____, on behalf of _____, a minor student, grant the Kentucky Personnel Cabinet permission to post the minor's name and school on the Kentucky Personnel Cabinet website, and to be released in a statewide press release, in recognition of the minor student's involvement with the 2020 Kentucky Public Service Recognition Week Poster Contest. The press release will be sent to all major media outlets across the state and to other government staff. This material will not be used in any manner by the Commonwealth of Kentucky or the Kentucky Personnel Cabinet for any manner other than what is stated in this release.

STUDENT'S PARENT/GUARDIAN PHONE NUMBER _____

THIS IS TO CERTIFY THAT THIS IS THE ORIGINAL ARTWORK OF _____

SIGNATURE _____

PARENT TEACHER GUARDIAN (CIRCLE ONE)

FAILURE TO COMPLETE THIS FORM WILL RESULT IN DISQUALIFICATION
PREVIOUS WINNERS ARE NOT ELIGIBLE TO WIN IN THE SAME AGE CATEGORY

Please complete this form and return to:
Nila Meeks, Personnel Cabinet
501 High Street, 3rd Floor
Frankfort, KY 40601

