

Sketch Information / Authorization Form

Please fill out this form and scan / email or mail it to me along with your sketches. Thank you!

Participant's Name *(first name and last initial only)* _____

Participant's Age and Grade at the time sketches were completed
(if during the summer, please list the grade just completed) _____

Mailing Address *(this will only be used by me for thank you notes for your child. Please feel free to leave this portion blank if you do not feel comfortable sharing your address)*

Authorization

Please sign below granting permission for me to use the sketches in my thesis documentation.

I, _____, agree to let Robin Puttock use the sketches done by my son/daughter in her thesis documentation in partial fulfillment of her Master of Architecture degree.

Signature of legal guardian

Date