COVER DESIGN COMPETITION

NYC Department of Education
Carmen Fariña, Chancellor

COOPER HEWITT

Mail-in Submission Form

Please print all information. Include this form with your design and mail to:

Department of Education, Office of Student Enrollment
52 Chambers Street, Room 415
New York, NY 10007
ATTN: Cover Design Competition

Please select one:

❑ I'm a student submitting my own design	❑ I'm a teacher submitting my student's design
❑ I'm a parent/guardian submitting my student's design	

Student Information:

First Name		Last Name	
Date of Birth (mm/dd/yy)		Email Address	
High School		Art Teacher Name	

Parent/Guardian Information:

First Name		Last Name	
Email Address			

How did you submit your consent form? Please select one:

❑ I faxed it to 212-374-5569	❑ I scanned and emailed it to coverdesign@schools.nyc.gov
❑ I am mailing it in	

I attest to the originality of the submitted artwork.

X _____ _____

Student Signature Date