

PARENTAL CONSENT FORM



MINORS,

Please have your parent or legal guardian fill out this form if you wish to post a photo, video, and/ or your name and other identifying information on the America's Black Holocaust Museum website.

PARENTS,

Please review this with your child, then PRINT the information requested and SIGN your name.

Scan and email your signed form to [dr.fran@abhmuseum.org](mailto:dr.fran@abhmuseum.org) or send it by mail to: ABHMuseum, 3125 N. 50<sup>th</sup> St., Milwaukee WI 53216.

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Date \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_,  
(child's full name)

I hereby give my permission for him/her to post the following to the America's Black Holocaust Museum website at [www.abhmuseum.org](http://www.abhmuseum.org):

\_\_\_ Photograph of him/herself    \_\_\_ Video clip    \_\_\_ Name/City/State

\_\_\_ Other \_\_\_\_\_  
(describe)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_