

# ART STUDENTS LEAGUE OF DENVER

## Parental Consent Form (for students ages 16-18)

*Please read, fill in the blanks, and sign below.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I am aware of nude models posing in classes at the Art Students League of Denver.

I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
(Parent or Guardian's printed name) (Student's printed name)

to attend classes utilizing a nude model.

Parent or Guardian's Signature \_\_\_\_\_

daytime phone # \_\_\_\_\_

evening phone # \_\_\_\_\_