

Student's Name:- _____ D.O.B:- _____

Address:- _____

Contact Email:- _____

Contact phone (H/W) _____ (M) _____

Agreement

I _____ give / do not give Lorena Lewitzka of Lorena's Music Studios permission to take photos and /or record lessons and use them for public viewing. I have the authority to give this permission.

Relation to student _____

Signed _____ (guardian/student)

Signed _____ (teacher)

Name _____

Teacher Name _____

Date :- _____